Nelson Galvanizing, Inc. 11-02 Broadway Long Island City, N.Y. 11106

March 22, 1991

BY HAND

Ms. Anne Kelly
Compliance Officer
Hazardous Waste Compliance Branch
U.S. Environmental Protection Agency
Region II
26 Federal Plaza, Room 1121
New York, N.Y. 10278

Re: Request for Information under § 3007 of RCRA and § 104(e) of CERCLA Nelson Galvanizing, Inc. facility EPA ID Number: NYDO01229350

Dear Ms. Kelly:

Following are the answers to your request for information, in numbered order.

a. Nelson Galvanizing, Inc.
 Nelson Foundry, Inc.

b. Nelson Galvanizing, Inc. and Nelson Foundry, Inc. were incorporated in New York. Nelson Galvanizing, Inc.'s certificate of incorporation was filed with the Department of State of the State of New York on November 19, 1947. Nelson Foundry, Inc.'s certificate of incorporation was filed with the Department of State of the State of New York on January 4,



C.

(1)

The agent for service of process of both corporations is the Secretary of State of New York. Copies of the requested documents are enclosed.

Nelson Galvanizing, Inc. Chairman - John T. Sweeney, Jr. President - John T. Sweeney, Jr.

Secretary - John T. Sweeney, Jr.

Treasurer - Robert M. Sweeney

The company's directors and stockholders are John T. Sweeney, Jr. and Robert M. Sweeney. The duties and functions of John T. Sweeney, Jr. and Robert M. Sweeney are to run the company, with John T. Sweeney, Jr. focusing on operations and Robert M. Sweeney focusing on administration.

Nelson Foundry. Inc. (2)

Chairman - John T. Sweeney, Jr.

President - John T. Sweeney, Jr.

Secretary - Robert M. Sweeney

Treasurer - John T. Sweeney, Jr.

The company's stockholders and directors are John T. Sweeney, Jr. and Robert M. Sweeney. The duties and functions of John T. Sweeney and Robert M. Sweeney are to run the company.

John and Robert Sweeney's addresses

are as follows:

John T. Sweeney, Jr.

1634 Belmont Avenue

New Hyde Park, NY 11040

Robert M. Sweeney
1385 York Avenue
New York, NY 10028

- d. Neither Nelson Galvanizing, Inc. nor Nelson Foundry, Inc. has any parent, subsidiary or affiliated corporations.
- e. Neither company is a successor to another company.
 - f. SIC #3479.

- 2. a. Nelson Foundry, Inc. (deed enclosed).
- b. Nelson Galvanizing, Inc. currently uses the facility under an oral agreement with Nelson Foundry, Inc., which obligates Nelson Galvanizing, Inc. to pay the costs associated with the property, such as real estate taxes. There is no written lease, nor have we been able to locate any other documentation or memoranda relevant to this agreement.
 - c. There are no such prior users.
- 3. Nelson Foundry, Inc. owns the real estate at the Facility. It conducts no business at any location other than the Facility. Nelson Galvanizing, Inc. is in the business of applying a zinc coating to steel products manufactured by its customers. It conducts business at no location other than the Facility.

4. Processes Used:

Ms. Anne Kelly

Cleaning - caustic soda (sodium hydroxide) approximately 200 lbs. per month, used to remove paint or heavy
rust. Acid (sulfuric acid - 5% acid 95% water), heated to
approximately 160° - approximately 150 gallons per month used
to remove rust and scale (ferric and ferrous oxides).

Fluxing - a solution of zinc ammonium chloride and water to a baume of 16° is used as a pre flux to prevent oxidation of the steel after it is cleaned and before it is galvanized. A molten top flux of zinc ammonium chloride is used to further deoxidize the steel as it enters the zinc bath. Combined usage, approx. 3000 lbs. per month.

Galvanizing - actual immersion of steel articles into molten zinc in order to prevent rusting of the steel subtrates. Zinc usage approx. 40,000 lbs. per month.

Please note that the quantities described above, like the quantities described throughout this document, are approximations.

No chemicals are employed in maintenance or waste management procedures at the Facility.

- 5. Previous Process: the use of hydrofluoric acid to clean cast iron (remove sand from the castings) was discontinued prior to 1989. Approx. use 50 gallons per year.
- 6. We are uncertain whether any of the materials handled at the facility meet the legal definition of hazardous

waste. The materials that we believe may fit this definition are: Iron Sulfate crystals, which have been generated at approx. 2000 lbs. per month (but we have found a buyer for this material, so we are not sure whether it is properly characterized as waste); and spent sulfuric acid, which has been disposed of at a rate of approx. 10,000 gallons a year (but we are investigating whether this spent sulfuric acid can be used to make virgin sulfuric acid). Nelson Galvanizing, Inc. has the U.S. EPA generator identification No. NYDOO1229350.

- 7. The procedure for determining whether material is to be treated as hazardous is to determine where it is coming from or by chemical analysis or both. Laboratory tests have been run prior to disposal. Enclosed are copies of analyses run on the sulfuric acid and the iron sulfate crystals.
- 8. Iron sulfate crystals are generated as a result of iron and sulfur molecules combining in the acid cleaning bath and precipitating out of the acid solution. Crystals are currently stored in polyethylene drums and a steel tank approximately 2' x 6' x 24'. We have not disposed of any of this material. We have located a buyer for this material, which is generated at the rate of approximately 2,000 lbs/month (New Jersey Muniere-Clarkesville, Tennessee). Spent sulfuric acid, which, as noted above, is used to clean steel, has been

disposed of by shipping it to Chemical Waste Management in Vickery, Ohio (via Chemical Waste Management) or to Chemical Pollution Control Inc. in Bay Shore, New York (via RGM Liquid Waste Removal Corp.). This acid recently has been generated at the rate of approximately 10,000 gallons/year.

- The hazardous waste manifests are enclosed. EPA ID numbers for the transporters and the disposal facilities are shown on the manifests.
- Spent materials were generated between January 1985 and December 1990. Spent sulfuric acid and iron sulfate crystals were generated. The quantity of these materials that were generated over that time period is unknown. the iron sulfate crystals were placed in drums and a steel tank and retained on site and the sulfuric acid has been disposed of in bulk. Prior to 1988, these spent materials were neutralized and disposed of via the sewer system.
- Iron sulfate crystals are stored in 55 gallon polyethylene drums and a steel tank. Liquid is stored in polyethylene bulk tanks and in plastic drums. Inspection of drums and tanks is done by maintenance foreman Moses Bailey who inspects them visually on a regular basis. No inspection logs were maintained.

- 12. Spent sulfuric acid has been shipped from the Facility for off-site disposal. The hazardous waste manifests are enclosed in response to question 9. The waste analysis profiles are enclosed in response to question 7.
- believe may be hazardous waste are sulfuric acid and iron sulfate crystals. The wastes that have been manifested are identified on the manifests as sulfuric acid solution (D002) and "hazardous waste solid" (D008). One of the manifests also uses codes D007, D008 and D010.
- 14. The only EPA ID number applied for by either company is the number provided in response to question 6. No other permits or authorizations to handle hazardous waste have been sought.
- 15. As noted above, we handle materials that we believe may fit the legal definition of hazardous waste.
- drums and tanks, and thus would appear to be Solid Waste Management Units ("SWMUs"). Those areas are shown on the Site layout which is provided in response to question 31.

- b. Those SWMUs are being used as shown until implementation of the cleanup required by the recently executed Administrative Order on Consent for the Facility.
- c. These areas are themselves unchanged; there was, however, a certain amount of reorganization of the location of drums in February 1991.
- d. The SWMUs are visually inspected on a regular basis by Moses Bailey.
- e. Planned changes in the containment and/or control system described above include the creation of a system of secondary containment, improved labeling and the creation of a spill prevention and control and counter measure plan; the inspection and monitoring procedures are as described above.
- f. We have never attempted to measure the capacity of these SWMUs, which are simply areas within the Facility. There are no empty SWMUs.
 - g. No SWMU is inactive, nor has any been removed.

- h. The inspection procedures are as described in response to question 16.d.
- The process tanks are not cleaned at fixed time intervals. The need to clean a tank is determined by the acceptability of the cleaning capacity of the tank. The methods used to clean tanks are several:
- Several drums of acid solution are siphoned a. off, allowed to cool in order to precipitate crystals of solution, then crystals are shoveled into drums and free liquid is pumped back into the tank.
- b. The entire tank is allowed to cool, a vacuum pump truck is used to pump liquid out after crystals have precipitated. Crystals are then shoveled into drums and liquid is pumped back into tank.
- The entire contents of the tank is pumped out and removed to an approved disposal site.

When the first two procedures are employed, nothing is removed from the Facility since the iron sulfate crystals, as noted above, have not been disposed of. When the third procedure has been employed, we have shipped the solution as

indicated, and on or about the date indicated, in the manifests provided in response to question 9.

- 18. a. The area referred to as the trench is the result of the removal of overflow pipeline running perpendicular to the old cleaning tanks.
- b. The pipes in the trench were originally installed in 1954 and removed some time in the 1960s.
- c. The approximate size of trench was 2'x2'x50'.

 No construction material was used to create a trench.
- d. No material was intentionally placed, stored, processed or treated in the trench. Liquid did accumulate in the trench from a faulty roof drain pipe and apparently as a result of seepage from the old concrete cleaning tanks.
- e. Liquid was pumped out of the trench by Chemical Pollution Control Inc. and disposed of by them on 12/13/88. The soil in the trench area was placed in plastic-lined, steel, 55-gallon drums and stored with other soil that was excavated prior to the laying of concrete pads under the new cleaning tanks. That soil remains in the Facility.

- 19. The soil noted in answer to question 18.e. and the soil removed prior to laying concrete pads under the new cleaning tanks is stored in plastic-lined, steel, 55-gallon drums and bins. Soil was excavated over a six month period in 1989 and 1990. There are approximately 60 55-gallon drums of excavated soil stored on site. Soil analyses are enclosed.
- 20. The company expects to be able to sell the iron sulfate crystals, as has been described above (see number 8). We are currently investigating whether the spent sulfuric acid can be reused, as was noted above (see number 6) but have not, in the past, found a way to reuse this material.
- 21. In the past zinc skimmings and flux (zinc ammonium chloride), have been sold to Dupont Co. in Cleveland, Ohio.

 More recently these materials and dross have been sold to Metal
 Chem. Co. in Pittsburgh, PA, which has paid prices for this
 material that vary with time. A document showing recent sales
 (on page 2) is enclosed.
- 22. We are not aware of any spills, releases or discharges of hazardous waste and/or chemicals to the environment. Chemicals may have leaked from the old concrete process tanks at the Facility which were removed about two years ago,

but we do not know whether they did, and if so, when, which chemicals, or in what amounts.

- A contingency plan is now being developed in connection with the implementation of the Administrative Order on Consent recently issued for this Facility. The Facility has a hazard communications training program, a copy of which is enclosed
- There is no such correspondence, but the Fire 24. Department makes regular inspections of the Facility.
 - 25. Yes, see attached lab results.
- No, other than the lab tests the results of which are enclosed.
- It is the responsibility of the foreman to oversee the handling and management of hazardous materials. Moses Bailey, foreman, and Lionel Joseph, foreman, are Fire Department trained and tested and certified in the handling of hazardous chemicals.

28. No.

- 29. No. No waste water is discharged.
- 30. We are not aware of any other sources who generated, transported or disposed hazardous wastes or substances at or from the Facility.
 - 31. The requested plan is enclosed.
- 32. We are in the process of compiling the requested information and copies, and expect to be able to submit them shortly.
 - 33. No such agreement or contract exists.
- 34. The requested tax returns (except for a third year for each individual, which we are in the process of obtaining) and statement are enclosed.
- Metcalf & Eddy of New York, Inc. 303 South Broadway - Suite 318N, Tarrytown, N.Y. 10591 - (914) 631-7273, and particularly William Deininger, are in the process of acquiring knowledge about the materials at the Facility, in connection with the Administrative Order on Consent recently issued for this Facility.

36. John T. Sweeney, Jr., whose positions are described in response number 1.c., prepared these responses.

Sincerely,

John T. Sweeney

Enclosures

cc (w/encl.): Michael Mintzer, Esq.
Office of Regional Counsel
NY/Caribbean Superfund Branch
U.S. Environmental Protection
Agency, Region II
26 Federal Plaza, Room 437AA
New York, New York 10278

8060:035

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

State of New York
County of New York

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA Request for Information) and all documents submitted herewith, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John T. Sweeney, Jr.
NAME (print or type)

President - Melson Galvanizing, Inc. and otelson
TITLE (print or type) Foundry, Inc.

SIGNATURE

Sworn to me before this

22 day of March, 1991

Notary Public

STEPHEN J. RITCHIN Notery Publics, State of New York No. 4333350

Qualified in New York County Commission Expires Nov. 30, 1991 Question 1(b)

State of New York Department of State } ss.

012743

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.

Witness my hand and seal of the Department of State on

FFB 26 1991

Secretary of State

DOS-200 (12/87)

CERTIFICATE OF INCORPORATION

OT

NELSON GALVANIZING, INC.

(Pursuant to Article Two of the Stock Corporation Laws)

THE RESERVE OF THE PROPERTY OF

WE, THE UNDERSIGNED, desiring to form a corporation pursuant to Article Two of the Stock Corporation Law of the State of New York, do hereby make, subscribe and acknowledge this certificate for that purpose, as follows:—

FIRST: -- The name of the proposed corporation is NELSON GALVANIZING, INC.

SECOND: -- The purposes for which this corporation is formed, are as follows, to wit: --

To carry on the business of galvanizing and tinning metal, including the galvanizing, tinning, coating or other treatment of black plates, steel sheets and kindred materials with dompositions of zinc, spelter, tin, copper or other metals.

To acquire, own, lease, occupy, use or develop any lands or mines and to extract or remove timber, coal, and metals, and to buy sell deal in or manufacture metals, suel, lumber or any articles produced therefrom.

To take, buy, exchange, lease or otherwise acquire real estate and any interest or right therein, and to hold, own, operate, control, maintain, manage and develop the same and to construct, maintain, alter, manage and control directly or through ownership of stock in any other corporation any and all kinds of buildings, stores, offices, warehouses, mills, shops, factories; machinery and plants, and any and all other structures and erections which may at any time be necessary, useful or advantageous for the purposes of this corporation.

To sell, assign and transfer, convey, lease, or otherwise alienate or dispose of shd the same age or otherwise should be the same buildings, real and personal property of the corporation wherever situated, and any and all legal and equitable interests therein.

To purchase, seil lease, manufacture, deal in and deal with every kind of goods, wares and merchandise, and every kind of passess property. Individing patents and patent rights, obstels easements, privileges, and franchises which may lawfully be purchased, sold, produced or dealt in bymorporations formed under the state of the Stock Corporation Law of the State of New York.

To purchase sequise, hold and dispose of the stocks, bonds and other evidences of indebtedness of any corporation constitute one consistent situations and to exchange the respect thereof all the rights, powers and privileges or individual owners, including the right to vote thereon and to aid in any manner permitted by law any corporation or which any bonds or sother securities or evidences of indebtedness or stocks are held by this corporation.

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and to do any acts or things designed to project, preserve, improve or enhance the value of any such bonds or other securities or evidence of indabtedness or stock.

The foregoing and following clauses shall be construed as objects and powers in furtherance and not in limitation of the general powers conferred by the laws of the State of New York, and it is hereby expressly provided that the foregoing and following enumeration of specific powers shall not be held to limit or restrict in any manner the powers of this corporation, and that this corporation may do all and everything necessary, suitable or proper for the accomplishment of any of the purposes or objects hereinabove enumerated either alone or in association with other corporations, firms, or individuals, to the same extent and as fully as individuals might or could do as principals, agents, contractors or otherwise.

Nothing in this certificate contained, however, shall authorize the corporation to carry on any business or exercise any powers in any state or country which a similar corporation organized under the laws of such state or country could not carry on or exercise; or to engage within or without the State of New York in the business of a lighting or a transportation corporation, or in the common carrier business, or to issue bills, notes or other evidence of debt for circulation as money.

To have one or more offices, to carry on all or any of its operations and business and without restriction or limit as to the amount to purchase or otherwise acquire, hold, own, mortgage, sell, convey, or otherwise dispose of real and personal property of every class and description in any of the States, Districts, territories, of the United States, and in any and all foreign countries, subject to the laws of such State District, Territory or Country.

In general to do any and all things and exercise any and all powers which may now or hereafter be lawful for the corporation to do or exercise under and in pursuance of the Stock Corporation Law of the State of New York or any other law that may now-or hereafter be applicable to the corporation.

THIRD: The amount of the capital stock shall be Onehundred (100) shares, having no nominal or par value. The days talked she desperation shall make at least sonal to the sum

of the aggregate, par value of all Issued shares having par

value plus the aggregate amount of consideration received by

the corporation by the desuance of shares without par value, and

paneh-amounts as from time to time by readlytion of the Board

Aleni reasore-way be transferred there to.

TOURTH: The office of the corporation is to belocated

the foreign and dominated them of the and grave of the ten-

The address to which the george tary of first shall mil a copy of any process agains to the corporation which may be served upon

himspursuant to law is 39-18 23rd Street, Long Island City F.

FIFTH: The duration of said corporation shall be per-

three nor more than seven, and they need not be stockholders.

SEVENTH: The names and post office addresses of the directors until the first annual meeting of the stockholders, are as follows:

MAMES

Margaret M. D'Arcy

6 East 45th Street,
New York, W.Y:

Margaret F. Carroll

551 Fifth Avenue
New York, N.Y.

Matthew J. Sweeney

1 Manchester Road
Tuckahoe, N.Y.

EIGHTH: The names and post office addresses of the subscribers of this Certificate of Incorporation and a statement of the number of shares which each agrees to take in the corporation, are as follows:

NAMES	POST OFFICE ADDRESSES	NUMBER OF SHARES
Margaret M. D'Arcy	6 East 45th Street New York, N.Y.	1
Margaret F. Carroll	551 Fifth Avenue New York, N.Y.	.1
Matthew J. Sweeney	1 Manchester Road Tuckahoe, N.Y.	1

of the corporation upon whom process in any action or pro-

oseding against itemay be served within the State of New York:

TWTH: Alleof the members Dere of this certificate are of

full age, at least two-thirds of them are citizens of the

Unit ed States, at least one of them is acresident of the State.

of New York-ander least one of the persons named as a disco

18 A Old Len of the mintret states and a resident of the State

of New York.

IN WITNESS WHEREOF, we have made, subscribed, acknowledged

and filed this certificate this 18th day of November, 1947. STATE OF NEW YORK : COUNTY OF NEW YORK: On this 18th day of November, 1947, before me personally came MargaretMD Arcy, Margaret Carroll, and Matthew J. Sweeney, to me known and known to me to be the persons described in and who executed the foregoing Certificate of Incorporation, and they severally before me, acknowledged that they had executed the same DONALD M. NEWMAN Notary Public, State of New York Residing in Kings County. Kings County Clerk's No. 234 New York County Clerk's No. 321 Commission Expires March 30, 1949.

Co PETSON CALVANIZING, CERTIFICATE OF INCORPORATION DEPARTMENT OF STATE OF NOV 19 1947

State of New York Bepartment of State } ss:

012742

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.

Witness my hand and seal of the Department of State on

FEB 20 1991

Secretary of State

DOS-200 (12/87)

A SHARE SHEET		
	CERTIFICATE OF AMENDMENT	
	OF	
	CERTIFICATE OF INCORPORATION	
	ORALIFICATE OF INCORPORATION	
	MELSON GALVANIZING, INC.	
	PURSUANT TO SECTION 36 of the STOCK CORPORATION LAW.	
	WE, THE UNDERSIGNED, being the holders of record of all of	
	the outstanding shares of NELSON GALVANIZING, INC. entitled to vote	
	with relation to the proceedings provided for in this certificate,	
	hereby certify	
35	1. The name of the corporation is Nelson Galvanizing, Inc.	
	2. The certificate of incorporation of said corporation	
	was filed in the Department of State on the 22nd day of November,	
	1947.	
	3.—The certificate of incorporation is amended to increase	
	the capital stock from One Hundred (100) shares, without par value,	
	pursuant to Subparagraph 1 of Paragraph C of Subdivision 2 of Section	
	35 of the Stock Corporation Law, and to change the location of the	
	paincipal office of the company, pursuant to Paragraph E of Sub-	1000
	division 2 of Section 35 of the Stock Corporation Law.	
	4. Section Third of the Certificate of Incorporation, which	
	relates to the capital stock of the corporation is amended to read as	
	follows:	
	Third: The amount of the capital stock shall	
	be two hundred (200) aharm j having no nominel or	
	par water. The abital of the corporation shall be	Transition of the same
	at least equal to the sum of the aggregate par value.	A Commence of the Commence of
	of all issue shares having per value plus the se-	70°-70'-70'-70'-70'-70'-70'-70'-70'-70'-70'
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		De Francisco de Santo de Carrollo de C Carrollo de Carrollo de Ca Antonio de Carrollo de Car

	5. Section Fourth of the Certificate of Incorporation,
C	which relates to the location of the principal office of the company,
	is amended to read as follows: Fourth:—The office of the corporation is to
	be located in the Borough and County of Kings,
	City and State of New York. The address to which
	the Department of State shall mail a copy of any
	process against—the corporation which may be
	served upon him pursuant to law is 389-393 Kent Avenue, Brooklyn, New York.
	Avenus, Modalyu, New Mark.
	IN WITNESS WHEREOF, we have made, subscribed and acknow-
300	ledged this certificate this 27 day of June, 1950.
03, 132	Jahr D Smeenery.
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	arthur breenblet
	STATE OF NEW YORK) SS:
	COUNTY OF KINGS
	On the 20 day of July, 1950, before me personally Came JOHN T. SWEENEY, MISAAC GREENELATT and ARTHUR GREENELATT, to be
	Thioting and langua to me to be the persons separated in and who executed
	the foregoing certificate, and they severally duly acknowledged that
The same of the sa	they executed the same.
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STATE OF NEW YORK COUNTY OF KINGS JOHN T. SWEENEY, being duly sworn, says that he is the Secretary of Nelson Galvanizing, Inc., and that the persons who have executed the foregoing certificate constitute the holders of record of all of the outstanding shares of the corporation entitled to vote with relation to the proceedings provided for in the certificate. Sworn to before me this day of June, 1950, ROBERT R. LUBLIN FOTABY PUBLIC, STATE OF NEW No. 24-2416700 ed, to Kings Co. No. 494, Certa M.Y.Co. Clerk , Kings and N.Y. Co. Re Term expires March 30, 1951 STATE OF NEW YORK COUNTY OF KINGS JOHN T. SWEENEY and ISAAC GREENBLATT, being severally duly sworn, say that they are President and Treasurer, respectively, of Melson Galvanizing, Inc. That the number of additional shares which this corporation is authorized to issue pursuant to the amendment as set out in the foregoing certificate is One Hundred (100), ell or

P11-19, 80 MDV 5015 71 4370 39-16 73 nd + Jong Saland II. My 7821 Milion Halvaninging, Ind. dertificate of amendment of certificate of incorporation of NELSON GALVANIZING, INC. Pursuant to section 36 of the Stock Corporation Law & STATE OF NEW YORK DEPARTMENT OF STATE FILED AUG 3 - 1950 Frank A Dooley One Broadway TAX S New York, N.Y. FILING FEE S OZ

State of New York Bepartment of State } 555

012802

I hereby certify that I have compared the annexed copy with the original document filed by the Department of State and that the same is a correct transcript of said original.

FEB 27 1991

Witness my hand and seal of the Department of State on

Secretary of State

DOS-200 (12/87)

DERTIFICATE OF INCORPORATION

01

NELSON FOUNDRY. INC.

PURSUANT TO ARTICLE TWO OF THE STOCK CORPORATION LAW

We, the undersigned, desiring to form a stock corporation pursuant to the provisions of Article Two of the Stock Corporation Law of the State of New York, DO HEREBY CERTIFY as follows:

First: That the name of the corporation is NELSON FOUNDRY, INC.

Second: That the purposes for which it is to be formed are to do any and all of the things hereinafter set forth to the same extent as natural persons might or could do in any part of the world, namely:

To carry on the business of galvanizing and tinning metal, including the galvanizing, tinning, coating or other treatment of black plates, steel sheets and kindred materials with compositions of zinc, spelter, tin, copper or other metals.

To buy, sell, deal in or manufacture iron, steel, mangamese, coke, copper, lumber and other materials, and all or any articles consisting of iron, steel, copper, sheet metal, wood or other materials, and all or any products thereof,

or mines and to extract or remove coal or iron, manganese, stone or other ores, oil or timber.

To manufacture, repair, re-tube, erect, install, buy, trade and deal in boilers, engines, stoves, furnaces, pumps, tanks, erown sheets, boiler plates, radiators, tubes, pipes, valves, rivets, boiler and pipe coverings, grates, castings, forgings, sorews, burs, washers, rods, bolts, buts, hails, spikes, roller bearings, wire, and like articles composed of iron, steel, copper, aluminum and other metals.

self trade and deal is cornices leaders, guttered alvinghts ventilators, roofing, and arony tentural and ornamental sheet metal work of every descriptions.

To contract for the construction, alteration, improvement, removal and destruction of buildings of every kind and description and generally to carry on the business of

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builders, decorations, wreckers, dealers in new and second hand

To manufacture; purchase, hire or otherwise acquire and to own, hold, use and dispose of wagons, trucks, barges, tugs, steam and sail boats and all other appliances and materials necessary or desirable in carrying on its business.

To manufacture, buy, sell and generally deal in brick, stone, lumber, cement and any and all materials capable of use in the construction of any kind of building and to generally carry on the business of dealers in new and second hand building materials.

To manufacture, purchase or otherwise acquire, own, mortgage, pledge, sell, assign and transfer, or otherwise dispose of, to invest, trade, deal in and deal with goods, wares and merchandise and real and personal property of every class and description.

To acquire, hold, use, sell, assign, lease, grant licenses in respect of, mortgage or otherwise dispose of letters patent of the United States or any foreign country, patent rights, licenses and privileges, inventions, improvements and processes, copyrights, trade-marks and trade names, relating to or useful in connection with any business of this corporation.

To purchase, hold, sell, assign, transfer, mortgage, pledge or otherwise dispose of the shares of the capital stock of, or any bonds, securities or evidences of indebtedness created by any other corporation or corporations organized under the laws of this state, of any other state, country, all the rights, powers and privileges of ownership, including the right to vote thereon.

kind, and description with any persons, firm, association, corporation, municipality, county, state, body politic or government or colony or dependence thereof, subject to the limitations of the laws of the State of New York or other country affected.

the corporation and, from time to time without limit as to amount, to draw, make, accept, endorse; execute and issued debentures and other negotiable parable negotiable installments, and avidences of indebtedness, and to secure the payment of pledge, conveyance or assignment in trust of the whole or any owned or the property of the corporation, whether at the time dispose of such bonds or other obligations of the corporation of the corporation of the corporation.

Its own capital stock, provided it shall not use its funds or when such use would cause any impairment of its capital stock as otherwise permitted by law, and provided further that shares upon directly or indirectly

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Meetings of the stdokholders and directors of the corporation for all purposes may be held at places in the State of New York, other than the principal office, or at the principal office of the corporation as herein designated, and meetings of the directors may be held outside the State of New York at such place or places, as, from time to time may be designated in the by-laws or by resolution of the board of directors.

The board of directors shall have power from time to time to fix and determine and vary the amount of the working capital of the corporation and to direct and determine the use and disposition of any surplus or net profits over and above the capital stock paid in, and in its discretion the board of directors may use and apply any such surplus or accumulated profits in purchasing or acquiring bonds or other obligations of the corporation or shares of its own capital stock, to such extent and in such manner and upon such terms as the board of directors shall deem expedient, but any shares of such capital stock so purchased or acquired may be resold unless such shares shall have been retired in the manner provided by law for the purpose of decreasing the corporation's capital stock.

No contract or other transaction between the corporation and any other corporation shall be affected or invalidated by the fact that any one or more of the directors of this corporation is or are interested in, or is a director or officer, or are directors or officers of such other corporation, and any director or directors, individually or jointly, may be a party or parties to or may be interested in any contract or transaction of this corporation, or in which this corporation is interested; and no contract, act or transaction of this corporation with any person or persons, firms, or corporations, shall be affected or invalidated by the fact that any director or directors of this corporation is a party, or are parties to, or interested in such contract, act or transaction, or in any way connected with such person or persons, firm or association, and each and every person who may become a director of this corporation is hereby relieved from any liability that might otherwise exist, from contracting with the corporation for the benefit of himself or any firm, association, or corporation in which he may be in anywise interested.

To have one or more offices; to carry on all or any of its operations and business and without restriction or limit as to amount to purchase or otherwise acquire, hold, own, mortgage, sell, convey, or otherwise dispose of real and personal property of every class and description in any of the States, Districts, Territories or Colonies of the United States, and in any and all foreign focuntries; subject to the laws of such State, District, Territory, Colony or Country.

Subject always to by-laws made by the stockholders, the board of directors may make by-laws and from time to time, after, amend or repeal any-by-laws, but any by-laws made by the board-of-directors may be altered or nepealed by the

and all powers which may now or hereafter be lawful for the corporation to do or exercise under and in Dursuance of the Stock Corporation Law of the State of New York or any other law that may be now or hereafter applicable to the Corporation.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation, and the enjoyment and exercise thereof, as conferred by the Laws of the State of New York upon corporations organized under the provisions of the Stock Corporation Law.

Third: The total number of shares of capital stock that may be issued by said corporation is Two hundred (200) shares, having no nominal or par value. The capital of the corporation shall be at least equal to the sum of the aggregate par value of all issued shares having par value, plus the aggregate amount of consideration received by the corporation for the issuance of shares without par value, plus such amounts as, from time to time, by resolution of the board of directors may be transferred thereto.

Fourth: The principal business office of the corporation is to be located in the City of New York, County of Queens, State of New York.

Fifth: Its duration is to be perpetual.

Bixth: The Secretary of State of New York is hereby designated the agent of the corporation upon whom any process in any action or proceeding against it may be served. The Secretary of State shall mail a copy of process in any action or proceeding against the corporation to the corporation at 39-16 23rd Street, Long Island City-Borough and County of Cuesas, State of New York.

seventh: The number of its directors is to be three and it is hereby provided, pursuant to law, that directors are not required to be stockholders.

Eighth: The names and post-office addresses of the directors until the first annual meeting of the stockholders are as follows:

6098-50

Names

Post Office Addresses

John T. Sweeney

182-03 64 Avenue Flushing, L.I., N.Y.

Andrew J. McGann

2210 Lafayette Avenue Bronx, New York

Cornelius T. Sullivan

561 57th Street Brooklyn, New York

Ninth: The post office addresses of the subscribers to this certificate and a statement of the number of shares which each agrees to take in the corporation, is as follows:

Name s	Post Office Addresses	Number of Shares
John T. Sweeney	182-03 64th Avenue Flusning, L.I., N.Y.	1
Andrew J. McGann	2210 Lafayette Avenue Bronx, New York	1
Cornelius T. Sullivan	561 57th Street Brooklyn, New York	1

Tenth: That all of the subscribers of this Certificate of Incorporation are of full age, at least two-thirds of them are citizens of the United States of America, and at least one of them is a resident of the State of New York, and that at lease one of the persons named as a director is a state of New York.

IN WITNESS WHEREOF, we have made, signed and acknowledged this Centificate of Incorporation, this 30 day
of December, 1942.

_(D.B.)

_(L.s.

Cornelia I Sullivan (L.S.

6098-50 - 5-

STATE OF NEW YORK STATE OF NEW YORK

On this Jo day of December, 1942 before me personally came JOHN T. SWEENEY, ANDREW J. McGANN and CORNELIUS T. SULLIVAN to me known to be the individuals described in and who executed the foregoing certificate and severally acknowledged to me that they executed the same.

HARRY A. N.EWIMAN Ally. & Couns. at Lew Rin. in Genera Co. Bir & P. O. Ander 10 E. 40 St. R.Y.C. Cort. Find in Queen Co. Chia Ru. 214, Reg. No. A9254 Cort. Find in R. Y. Co. Chia No. 35, Reg. No. 5/11/2 Cort. Find in Kings Co. Chia No. 5. Reg. No. 3014 Commission Expires. Starch. 26, 1942

100

6098-50-6

Miles Delunizing ant Time CERTIFICATE OF INCORPORATION NELSON FOUNDRY INC. Pursuant to Article Two of the Stock Corporation Law. HARRY A. NEWMAN 10 East 40th St. New York, N.Y.

Question 2(a)

THIS INDENTURE, made the 1st day of November , nineteen hundred and fifty-four BETWEEN CLARA KLEIN residing at 25-40 31st Avenue, Astoria, New York

party of the first part, and NELSON FOUNDRY; INC., a New York Corporation. having its principal place of business at 389 Kent Avenue, Borough of Brooklyn, County of Kings, City and State of New York

party of the second part,

WITNESSETH, that the party of the first part, in consideration of ten dollars and other valuable consideration paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the First Ward of the Borough of Queens, City and State of New York, bounded and described as follows:

BEGINNING at the corner formed by the intersection of the southerly side of Broadway with the easterly side of Boulevard (now known as 11th Street) running thence easterly along the southerly side of Broadway, two hundred sixty-five and fifty-two one-hundredths (265.52) feet more or less to the corner formed by the intersection of the scutherly side of Broadway with the westerly side of Sherman Street; (now known as 12th Street) thence southerly along the westerly side of Sherman Street, two hundred and twenty-one one-hundredths (200.21) feet more or less to the corner formed by the intersection of the westerly side of Sherman Street with the northerly side of Ridge Street (now known as 33rd Avenue) thence westerly along the northerly side of Ridge Street, two hundred twenty-seven and eight tenths (227.8) feet more or less to the corner formed by the intersection of the northerly side of Ridge Street with the easterly side of Boulevard; and thence northerly along the easterly side of Boulevard, two hundred three and sixty-eight one-hundredths (203.68) feet more or less to the point or place of beginning.

SUPJECT to a state of facts an accurate survey may disclose. EUPJECT to covenants, restrictions and reservations of record, if any.

SUBJECT TO existing tenancy.

SUBJECT to three mortgages of record referred to in agreement consolidating same, dated September 30, 1952 and recorded in Queens County Register's Office in Liber 66/3 of mortgages, page 673, originally in the principal sum of \$50,000.00 now reduced by payments to \$38,000.00 and interest.

SUBJECT to a purchase money mortgage made by the grantee herein to the grantor herein in the principal sum of \$112,000.00 and interest bearing even datcherewith and intended to be recorded simultaneously herewith.

TOGETHER with all right, title and interest, if any, of the party of the first part of, in and to any streets and roads abutting the above described premises to the center lines thereof; TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises; TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such considexation as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires. IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

el obleto->









On the 1st day of November personally came CLARA KLEIN

19 54, before me

On the day of personally came

19 , before me

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that she executed the same.

LEO B. MARK

MOTARY PUBLIC, STATE OF NEW YORK
No. 41-7718500

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to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that executed the same.

STATE OF NEW YORK, COUNTY OF

On the day of 19, before me personally came to me known, who, being by me duly sworn, did depose and say that he resides at No.

that he is the

, the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation, and that he signed h name thereto by like order.

STATE OF NEW YORK, COUNTY OF

28

On the day of 19, before me personally came the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he resides at No.

that he knows

to be the individual described in and who executed the foregoing instrument; that he, said subscribing witness, was present and saw execute the same; and that he, said witness, at the same time subscribed h name as witness thereto.

The land affected by the within instrument lies in Section 2 in Block 311 on the Land Map of the County of Queens Recomment Recomment of Recomment Recomment of Recomment Recomment Recomment of Recomment Recomment Recomment Recomment Recomment Recomment of Recomment Recommendation of the Recommendation of the

STANDARD FORM OF

NEW YORK BOARD OF AFTIE UNDERWRITERS

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TITLE CUARANTEE

O and Trust Company

(8)

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

OFFICE OF CITY RECISTER CHARLY CHEENS IN DEEDS WITHOUS MY HAND HAND AND OFFICIAL SEAL OFFICE CITY RESISTER

Volumetric Techniques, LTD.

317 Bernice Drive Bayport, New York 11703 (516) 472-4848

NOME.

NONE

NONE

NONE

NONE

2.0

351,290

To:Nelson Galvanizing 11-10 Broadway Long Island City NY 11106 John Sweeney (718) 728-0880

Sample Taken By Glient

Sample:Neisen Galvanizing 6/30/87 Sulfuric Sample %1 (718) 728-2980 Date:

Collected:06/37/89 Received 106/30/89 Completed:07/06/89

Reported Sy:

Additional Lab No.

Sample Number 88648906

(//B# /20 CLLC			
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Comments

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Sulfides

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Tests are conducted in accordance with 40 UFR 261 Appendix 11 EPA Toxicity to

CONSULTING CHEMISTS COMPLETE LABORATORY TESTING Sander k. Sterning Director of Laboratories

Independent Testing Laboratories, Inc.

Locations in New York and New Jersey -129-11 18th AVENUE - COLLEGE POINT, N.Y. 11356 - (718) 961-8530

September 21, 1988

. Nelson Galvanizing. Inc.

11-02 Breadway

Long Island City, New York 11106 Job No.

Attention: Mr. John Sweeney

Re: Testing Results of One Crystal Sample from - 11-02, Broadway

Dear Mr. Sweeny:

On September 20, 1988 your delivered to Independent Testing Laboratories, Inc. one crystal sample from acid cleaning tank. The sample was tested using Atomic Absorption Spectrophotometer. The following are the results of the tests:

Name of Te	s <u>t</u>		Result	PPM
Chromium Cadmium Lesd Arsenic Copper Tron Zinc	(Cr) (Cd) (Pb) (As) (Cu) (Pc) (Zn)	ng/g ng/g ng/g ng/g ng/g	0.0 0.0 1.0 48.3 35.2 117,000 17,700 4.0	·

Very truly yours

Howard Pickett, President

Independent Testing Labs., Inc.

in natutical

in aboratories

Avelytical & Consulting Chemists

55 WEBSTER AVENUE NEW ROCHELLE, NEW YORK 10301 (914) 654-9117

LABID-10860

5/02/89

COLLECTED: 4/08/89
RECEIVED: 4/21/89

ANALYSIS: 5/01/89

CLIENT: NELSON GALVINIZING 11:02 BROADWAY LONG ISLAND CITY, NY 11106

ID NO: N/A

SAMPLE:SALT CRYSTALS
QUANTITY:5.00 GRAMS-HNO3/HOL DIGESTION FOR METALS ONLY

CERTIFICATION

PARAMETER

CADMIUM-Cd

CHROMIUM-Cr

CHROMIUM-hexavalent

COPPER-Cu

LEAD-Pb

NICKEL-NI

SILVER-An

ZINO-Zn

IRON-Fa

CYANIDE-Total

CYA!!IDE-amenable

RESULTS mg/SAMPLE

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40.02

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必要作品

产机运输

In accord 40CFR part 135-Rev. 7/01/87

We certify that this is a true copy of our tests

KEN DWIVER

LAS. DERECTOR

in case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

TRANSPORTER

DEPARTMENT OF ENVIRONMENTAL CONSERVATION DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFES

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16. GENERATOR'S CERTIFICATION: 1 here classified, packed, marked and labeled, and are regulations and state laws and regulations. If I am a large quantity generator, I certify that I he practicable and that I have selected the practicable health and the environment; OR if I am a small get to me and that I can afford.	ave program in place	to reduce the volum	me and toxicity of	waste gener	rated to appli	degree I have d	onal and nat	o be economically
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EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Printed/Typed Name

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Day

Year

in case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7382.

TRANSPORTER

DEPARTMENT OF ENVIRONMENTAL CONSERVATION DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST P.O. Box 12820 Albany, New York 12212

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DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

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F / F	ansporter 2 (Acknowledgement or Rece	eipt of Materials)	1 Cu	7-	<u> </u>	المحمولية	~	<u> </u>	503	
	Typed Name		Signature						vio. Day	, ,
					2.				()	
19. Dis	screpancy Indication Space	· · · · · ·						-		
20. Fa	Cility Owner or Operator: Cartification	of receipt of here:	rdoue motorials and				· · · · · · · · · · · · · · · · · · ·			
T	cility Owner or Operator: Certification	or receipt of nazar		a by the ma	initest e	except a	is noted in Item	19.		
LUDINA	- Carrie	1	Signature				•	٨	No. Day	<u>Y</u>
	THOMAS MEGLE	Valida I	1/1/11	CA	\			Ď) -



In case of emergency or spill immediately cell the National Response Center (800) 424:8802 and the N.Y. Department of Transportation (518) 457-7362.

DEPARTMENT OF ENVIRONMENTAL CONSERVATION DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

ease print or type: P.O. Box 12	2820, Albany, New York	12212	Form Ap	proved. OMB No.	2050-003	9. Expires 9-30-88
UNIFORM HAZARDOUS 1. Generator's WASTE MANIFEST 1. Generator's		ifest ument No.	2. Pag of	1 is not n	equired	the shaded areas by Federal Law.
3. Generator's Name and Mailing Address			A. Sta	te Manifest Do	cument	No.
Helsen Galverizing	* **> <i>*</i> *			IV A 71	OT.	L 5 4
11-02 Broadway, Long Inland City, M 4. Generator's Phone (712) 728-0839		;	SAN			
5. Transporter 1 (Company Name)	6. US EPA ID Number	429		te Transporter's nsporter's Phor		1 38 Km
7. Transporter 2 (Company Name)	8. US EPA ID Number		E. Sta	le Transporter's	s ID	
0 20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				nsporter's Phor)
9. Designated Eacility Name and Site Address Chemical Following Control Inc.	10. US EPA ID Number		G. Sta	te Facility's ID		
12ú South Fourth Street		•	H. Fac	ility's Phone	71:-	
Bay Shore, MY 11706	XXB652365	4 2 9		316 586-	0333	
11. US DOT Description (Including Proper Shipping Name, Haza	ard Class and ID Number)	12. Cont	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. A. Waste No.
"WASTE ACID 21QUID A	105					Wasie NO.
COHOSINA MATTHAL NAITED		0.06	J.F.C	0330	Ġ	1002
MAZARDOUS WASTE SOLI	W NOS					
	0008)	010	HIC	Hooc	P	1008
C.						
d:						-
	•					
J. Additional Descriptions for Materials listed Above	 					
Doo 7, Door, Dolo 110 6	33 ¥4 · · ·	• • • • • •	K. Han	idiling Codes to	r Waste	s Listed Above
Deg. Delo 848 Studge 100		£ 4.575	<u> </u>			
4C Constal All will		· · · · · · · ·			ماؤان مو	<u> </u>
19. Special Handling Instructions and Additional Information 19. 105-H = DOII, 5 % Subfactor	ACID, WIRDHYL	W CHI	ZJC, A	KIH 20	~> %	301/3
21905-B=	•					
16. GENERATOR'S CERTIFICATION: I hereby declare that the	contents of this consignment are fu	illy and seem	rataly dags	sibad abassa bu sa		
classified, packed marked and labeled, and are in all respects in principles and state laws and regulations.	oper condition for transport by high	way accordi	ng to appi	icable internation	oper snip lai and n	ational government
If I am a large quantity generator, I certify that I have program in place	to reduce the volume and toxicity of	waste gener	ated to the	degree I have de	termined	to be economically
practicable and that I have selected the practicable method treatment health and the environment; OR if I am a small generator, I have made to me and that I can afford.	s good faith effort to minimize my w	aste and sel	vhich mini ect the bes	mizes the present It waste managem	and futu ent meth	re threat to human od that is available
Printed/Typed Name	Signature	ni Shads		,	- 1	no. Day, Year
17. Transporter 1 (Acknowledgement of Receipt of Materials)) 		E I VE
Printed/Typed Name	Signature	6	(X)	1	Ň	fo. Day Year
HURHUTOL	MARCE	40	火		1	21388
18. Transporter 2 (Acknowledgement or Receipt of Materials)			·	.)		
Printed/Typed Name	Signature				1 h	lo. Day Year
19. Discrepancy Indication Space				· ·	<u> </u>	1 1 - L. 1 - M.
				4 4		
20. Facility Owner or Operator: Certification of receipt of hazard	dous materials covered by this	manifest e	except as	noted in Item	19.	
Printed/Typed Name	Signature					lo. Day Year
	,		·		1	

MANALYTICAL LABORATORIES

(9/4) 654-9/17

55 WEBSTER AVE. NEW ROCHELLE, NY 10801

LABID-10860

CLIENT:

NÉÉSON GALVINIZING CO. 11-02 BROADWAY LONG ISLAND CITY, NY 11106 3/20/89

COLLECTED: 3/13/89 - RECEIVED:3/14/89 - ANALYSIS:3/16/89

ID NO: 00840 B

SAMPLE:SOIL SURFACE (NITRIC ACID DIGESTION)
QUANTITY: 25.0 GRAMS

CERTIFICATION

PARAMETER

CADMIUM-Cd

CHROMIUM-Cr

CHROM! UM - hexavalent

COPPER-Cu

LEAD-Pb

NICKEL-Mi

SILVER-AG

* ZINC-Zn

· CYANIDE-Total

CYANIDE-amenable

RESULTS mg/Kg

6.94

50.28

41.36

1200.

22.12

< .01

16,520.

- In accord 400FR part 136-Rev. 7/01/87

We certify that this is a true copy of our tests

KEN DWYER

LAB, DIRECTOR

LAMBDA ANALYTICAL LABORATORIES 55 WEBSTER AVE. NEW ROCHELLE, NY 10801

(914) 654-9117

LABID-10863

CLIENT:

NELSON GALVINIZING CO. 11-02 BROADWAY LONG ISLAND CITY, NY 11106 3/20/89

COLLECTED: 3/13/89 RECEIVED:3/14/89 ANALYSIS:3/16/89

10 NO: 00840 C

SAMPLE:SOIL TRENCH 2 FT. DP. (NITRIC ACID DIGESTION)

CERTIFICATION

PARAMETER

CADMIUM-Cd

CHROMIUM-Er

. CHROMIUM-hexavalent

COPPER-Cu

LEAD-Pb

NICKEL-NI

SILVER-Ad

ZINC-Zn

CYANIDE-Total

CYANIDE-amenable

RESULTS mg/Kg

14.24

77.\$

109.8

779.

30.6

4.01

28,020,

养养会保留。

in accord 400FR part 125-Rev. 7/01/87

we certify that this is a true copy of our tests

KEN DWYER

LAS. DIRECTOR



MetalChem, Inc. 1725 Washington Road, P.O. Box 12637 Pittsburgh, PA 15241 TEL: 412-854-5220

FAX: 412-854-4740

TWX: 510-601-1546

STATEMENT

Nelson Galvanizing Company 11-02 Broadway Long Island City, NY

January 16, 1991

Attn: Mr. J. T. Sweeney

Dear John,

Below is a revised summary of your receivables and payables currently outstanding.

Accounts Receivable:

8-386D - PWZN - 11/02/88	\$ 33,071.80
8-530.3 - PWZN - 12/22/88	33,150.00
9-141.4 - PWZN - 04/03/89	34,371.00
Payment Rcvd. 02/10/89	(10,000.00)
9-210 - PWZN - 5/04/89	39,387.60
Payment Rcvd 06/02/89	(10,000.00)
Payment Rcvd 7/17/89	(10,000.00)
9-335 - PWZN - 7/17/89	35,199.40
Payment Rcvd 9/5/89	(10,000.00)
0-289.5 PWZN - 6/26/90	37,096.80
PWZN - 8/16/90	36,278.55
PWZN - 10/30/90	27,614.40

Total Due MetalChem:

\$201,169.55

Nelson Galvanizing Statement 1/16/91

Accounts	Payable:	8-424 - Zinc Ash 10/7/88 \$ 8-446 - Sal Skimm. 10/24/88 8-498 - Zinc Dross 11/18/88 9-289/3564 Zinc Dross 2/17/89 9-289 - Zinc Dross 4/10/89	7,912.80 190.30 18,640.97 18,734.00 17,766.00
	•	9-178 Zinc Ash 4/18/89	11,200.28
		9-278 Zinc Dross 6/08/89	19,809.00
		9-398 Zinc Dross 8/22/89	17,469.00
		9-428 Zinc Ash 9/6/89	11,018.80
		9-463 Sal Skimm. 9/26/89	1,615.85
		9-554 Zinc Dross 11/15/89	9,141.80
	•	0-051 Zinc Ash - 1/19/90	8,726.70
		0-256 Zinc Ash - 4/10/90	4,357.50
	•	0-298 Sal Skimm 4/10/90	632.00
		0-322 Zinc Dross - 6/22/90	20,957.40
		0-704 Zinc Ash - 11/5/90	5,852.00
	•	0-688 Zinc Dross - 11/5/90	9,520.00
		0-747 Sal Skimm 11/5/90	89.00
		0-769 Zinc Dross - 12/20/90	19,323.30

Total Due Nelson Galvanizing:

\$202,956.70

TOTAL DUE NELSON GALVANIZING:

1,787.15

Sincerely,

Henry A. DeFrancesca President

C

NELSON GALVANIZING INC.

11-02 BROADWAY LONG ISLAND CITY, N. Y. 11106

HAZARD COMMUNICATION TRAINING PROGRAM

Initial Assignment Information and Training

- a) The plant manager, John Sweeney, will train new employees in hazard communication and protection procedures as part of their general orientation before the new employees begin work.
- b) The plant manager, John Sweeney, is responsible for training affected employees whenever new hazardous chemicals are introduced into the workplace. This responsibility extends to providing additional training, as required, for existing employees reassigned into new positions.
- c) All current employees shall be trained in the elements of Nelson Galvanizing Inc.'s hazard communication program by John Sweeney.

Safety Guidelines

NELSON GALVANIZING INC.

11-02 BROADWAY LONG ISLAND CITY, N. Y. 11106

WELCOME TO NELSON GALVANIZING

As an employee of Nelson Galvanizing, OSHA requires that you be made aware and trained in the handling of any and all hazardous materials on the premises under the Hazard Communication Standard, effective May 23, 1988 (Federal Reg. 1910.1200). These new regulations apply to all Nelson Galvanizing employees regardless of work section, since the area of hazardous chemicals is easily accessable. For your safety and protection, before you start working you will be given protective equpment which must be worn at all times during the work period. (Find attached a list of all required safety gear.)

In the far right section of the plant you will find the PICKLING AREA. This is where we clean steel before galvanizing. In this area, you will find two (2) hazardous chemicals.:

1) The FIRST, THIRD, and FOURTH Tanks contain a mixture of water and SULPHURIC ACID. The sulphuric acid has been shipped tous in D.O.T. approved fifty (50) gallon plastic drums, both tagged and labelled. They are to be handled ONLY by the person or persons in charge of the Pickling area.

SULPHURIC ACID is stable, but reacts with many chemicals. Vigorous reactions occur in the presence of wtaer, alkaline solutions, metals, and metal powders. [*Hazardous gases are evolved on contact with chemicals such as cyanides, sulfides,

Page Two NELSON GALVANIZING INC.

11-02 BROADWAY

LONG ISLAND CITY, N. Y. 11106

<u>Safety Guidelines</u> (Continued)

carbides, and it releases sulfur dioxide at extremely high temperatures*[.

*This section does not apply to conditions at Nelson Galv.

The Health Hazards information listed below are from the DuPont Materials Data Sheet on Sulphuric Acid:

Effect of Exposure

Causes severe burns of skin, eyes, and all body tissues.

Ingested: Causes severe burns of mouith, esophagus, and stomach.

Inhalation: of mist or vapors may cause respiratory irritation.

FIRST AID:

In case of contact: immediately flush eyes or skin with plenty of watewr for at least 15 minutes and then contact a physician.

If swallowed: DO NOT INDUCE VOMITING! Have patient drink large quantities of water and call a physician.

The <u>SECOND</u> tank contains water and CAUSTIC SODA. The soda is shipped to Nelson Galvanizing as flakes in fifty (50) gallon D.O.T. approved drums, tagged and labelled, and stored in the pickling area. The Caustic Soda is used to remove oil and paint from steel. As with the sulphuric acid, direct contact with Caustic Soda can cause severe burns and inhalation of its dust can damage the upper respiratory tract.

FIRST AID:

Page Three

NELSON GALVANIZING INC.

11-02 BROADWAY

LONG ISLAND CITY, N. Y. 11106

Safety Guidelines (Continued)

In case of contact with skin or eyes: Flush with water for at least 15 minutes, contact a physician.

If inhaled: get fresh air, administer oxygen if needed, contact physician.

If <u>ingested</u>: drink many cups of water, DO NOT INDUCE VOMITING, contact a physician.

The <u>FIFTH</u> (last) tank contains ZINC AMMONIUM CHLORIDE. This solution is used as a wash off bath and a final preparation agent before actual galvanizing.

In case of contact, inhalation, or ingestion, use the aforementioned First Aid treatments for caustic soda, and contact a physician.

As you can see upon inspection of the PICKLING AREA, all tanks are raised above ground. This isto insure early detection of any and all leaks. If you detect a leak, DO NOT ATTEMPT TO FIX IT. Immediately report it to John Sweeney, Frenchy Lescoat, or Moses Bailey. At night contact Lionel Joseph.

On the right side of the plant, immediately left of the PICKLING AREA, you will find the <u>GALVANIZING TANK</u>. This tank is 4' deep by 4' wide by 26' long, and contains 120,000 lbs. of zinc kept at a temperature of 870 degrees Fahrenheit. The major hazard from this tank is the molten zinc and its residual heat. Do not put anything in this tank. Cold or wet materials

Page Four

NELSON GALVANIZING INC.

11-02 BROADWAY

LONG ISLAND CITY, N. Y. 11106
Safety Guidelines (Continued)

placed in the zinc tank will expand and cause splattering, which can result in third degree skin burns.

In case of burns: Flush with water, rush to a physician.
[Zinc is shipped cold, in ingots of 20001bs, each.]

If you have any questions, or if you think that you do not understand some of the things mentioned in this folder, or if you wish more information on the chemicals we use and wish to see the Material Data Sheets, contact Mr. John Sweeney or Mr. Frenchy Lescoat in the Shop Office. Thank you.

NELSON GALVANIZING INC.

11-02 BROADWAY

- LONG ISLAND CITY, N. Y. 11106

LIST OF HAZARDOUS CHEMICALS KNOWN TO BE PRESENT AT NELSON:

*Note: A MATERIAL SAFETY DATA SHEET is on file for each substance on this list. Details of specific Physical and Health hazards as well as protective measures can be found on the M.S.-D.S. for each individual chemical.

<u>Su</u>	<u>bstance</u>	Supplier	
1)	Sulfuric acid	La Place Chemical, Elmwood Park, N	IJ.
2)	Caustic Soda	La Place Chemical, Elmwood Park, N	
3)	Zinc Ammonium Chloride	7aclar or	H
4)	Zinc	Metal Chem Pittsburgh, P	Α



INDEPENDENT TESTING LABORATORIES, INC.

"SERVING INDUSTRY WORLDWIDE SINCE 1976"

129-11 18th Avenue - College Point, N.Y. 11356 (718) 961-8530

October 12, 1988

Nelson Galavizing, Incorporated

Report No. LTR - 3

11-02 Broadway

Long Island City, New York

11106

Job No.

091988

Attention: Mr. John Sweeney

Re: Testing Results of Water Sample from - Monitoring Well (11-02 Broadway)

Dear Mr. Sweeney:

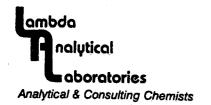
On September 26, 1988, Mrs. Yu-Wen Tsang of Independent Testing Labs., Inc. went to the above referenced area and took a water sample from the monitoring well. She then delivered the water sample to the Laboratory for further tests. The sample was tested in accordance with Standard Methods for the Examination of Water & Wastewater (15th Edition). The following are the results of the tests:

Name o	of Test	Result
F	PH	4.0
Lead	Pb (mg/1)	0.00
Chromium	Cr (mg/1)	0.00
Cadmium	Cd (mg/1)	7.4
Arsenic	As (mg/1)	10.0
Barium	Ba (mg/1)	15.9
Selenium	Se (mg/1)	0.01
Silver	Ag $(mg/1)$	0.00

Yu-Wen Tsang
Laboratory Technician

Very truly yours,

Independent Testing Labs., Inc. Howard Pickett, President



55 WEBSTER AVENUE NEW ROCHELLE, NEW YORK 10801 (914) 654-9117

LABID-10860

3/31/89

CLIENT: NELSON GALVINIZING CO.

11-02 BROADWAY

LONG ISLAND CITY, NY 11106

REF NO: 00888

SAMPLE: GROUNDWATER

QUANTITY: 1 LITER (preserved)

ANALYSIS:3/30/89

COLLECTED: 3/28/89 RECEIVED: 3/28/89

CERTIFICATION

<u>PARAMETER</u>	RESULTS mg/1
CADMIUM-Cd	. 0.12
CHRÓMIUM-Cr	0.23
CHROMIUM-hexavalent	***
COPPER-Cu	0.15
LEAD-Pb	0.72
NICKEL-NI	0.45
SILVER-Ag	< 0.01
ZINC-Zn	852.5
CYANIDE-Total	< 0.05
CYANIDE-Amenable	****
In accord 40CFR part 136-Rev. 7/01/87	

We certify that this is a true copy of our tests

KEN DWYER

LAB: DIRECTOR



55 WEBSTER AVENUE **NEW ROCHELLE, NEW YORK 10801** (914) 654-9117

LABID-10860

Analytical & Consulting Chemists

CLIENT:

NELSON GALVINIZING CO. 11-02 BROADWAY LONG ISLAND CITY, NY 11106 4/16/89

COLLECTED: 3/28/89 RECEIVED:3/28/89 ANALYSIS:4/13/89

ID NO: 00872

SAMPLE: GROUNDWATER

QUANTITY: 1 LITER

CERTIFICATION

<u>our interitori</u>
RESULTS mg/L
.24
1.08

.77
.53
< .02
<.01
1325.

In accord 40CFR part 136-Rev. 7/01/87

We certify that this is a true copy of our tests

KEN DWYER

LAB. DIRECTOR

This is to certify that there have been, to the best of my knowledge, no material changes in the financial status of Nelson Galvanizing, Inc., Nelson Foundry, Inc., John T. Sweeney, Jr. and Robert Sweeney from the status reflected in the attached tax returns.

Dated: March 22, 1991

John T. Sweeney, Jr.

For		20-A	U	J.S. C	orp	oration S	ihort-Fo	orm Ir	rcome i	Tax Ref	turn	OMB No. 154	
De	partmer	nt of the Treasury evenue Service	For calen	ictions a der veer 1	ire se 1989 a	parate. See ti tax year beginn	hem to ma		you qualify 1989, ending	to file For	m 1120-A , 197.0		9
A	Check to person (as defin Regs. se	his box if corp. is nal service corp. ned in Temp. ec. 1.441-4T	Use IRS label. Other- wise, please	NET Ol	05 20N 77-	R OPOESOJ Pagunoa Pamarona	***** JUL90 JNI)	CAR-	RT-SOR	r**CR0' M	Employer in Rate incom	Sentification numb	
•	ree mati	ructions) ►	print or type.	CLON	GI	ZLAND CI	TY ·	NY			iotal asset	s (see Specific Inst	ructions
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		ethod of accounting:		Cash	(2) [Accruel (3)	Change in a Other (spec		S		[3		
	1-	Gross receipts or sale			Ť	b Less returns as				c Balance	1c		T
	2	Cost of goods sole		perations	(see ir		M GIVENUES (Te parauce >	2		+-
	3	Gross profit (line			, (and ii			• • •	• • • •	• • • •	3	····	1
_	4	Domestic corpora			ect to t	he 70% deduction	on				4		+
Ĕ	5	Interest		·						· · · ·	5		1
ncom	6	Gross rents									6		
=	7	Gross royalties .				• • • • •					7		Ī
	8	Capital gain net in					.				8		
	9	Net gain or (loss)	from Form	14797, P	art II, li	ine 18 (attach Fo	orm 4797) .	3			9		
	10 11	Other income (so Total income—A				• • • • •		• • •	• • • •		10		
-		Compensation of									11		—
-		Salaries and wage	1	see instri	ACTIONS	· 1		• • •	1	•	12		↓
-	4	Repairs	» <u> </u>			b Less job	is credit L_	· · · · · · · · · · · · · · · · · · ·		€ Balance ▶	13c		┿
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£ 3	11	Rents	•	• •	• •	• • • • •		• • •	• • • •	• • •	15		
£ 5	17	Taxes		• •	•	• • '• • •	• • • •	• • •	• • • •	• • • •	17	462	
Instruction	18	Interest		• •		• • • •	• • • •		• • • •		18	702	+
3	4	Contributions (see instructions for 10% limitation)									19		+
U =		Depreciation (attach Form 4562)											
2											21b	•	
Deductions		Other deductions (attach schedule) . Total deductions—Add lines 12 through 22 .								22			
2	23									23	462.		
Š	24	Taxable income before net operating loss deduction and special deductions (Less: a Net operating loss deduction (see instructions)						s (line 11	less line 23)		24	462)	
	25	Less: a Net opera	nting loss o	seduction	(see ir	nstructions) .		25a	· · · · · · · · · · · · · · · · · · ·				
	26	b Special de				8)		255			25c		
	}	Taxable income		ss line 25	ic .	• • • • •	• • • •				26	462)	<u> </u>
	l	Total tax (Part I, Ii	ne/)	• •	• •	• • • •	• • • •				27		<u> </u>
\$		Payments: 1988 overpayment	craditad ta	1000	28a		Y] .
Per		1989 estimated ta			28b								
Ž		Less 1989 refund appli) Rela	28d					,
۵		Tax deposited with						28e				•	
Ē	f	Credit from regula	ted invest	ment con	npanie:	s (attach Form 2	439)	28f					1
Tax and Payments	8	Credit for Federal	tax on fuel	ls (attach	Form 4	4136)		28g					
		Total payments—					<u></u> .				28h	•	
		Enter any penalty						orm 2220) is attached		29		
	30 °	Tax dueIf the to	tal of lines	27 and 2	29 is la	rger than line 28	h, enter amo	unt owed	• • . • •	[30	0	<u> </u>
	32	Overpayment—If Enter amount of line 3	iine 28n ii 1 waa waat 4	s larger tr Craditad	ian the	total of lines 27	and 29, ente	r amount	_	. • . • . •	31		
		Under penalties	of periury.	i declare t	hat I ha	us aversioned this a	editor in alterdisc	*******		lunded >	32		<u> </u>
Ple		belief, it is true,	correct, and	d complete	. Declar	ration of preparer (c	other than taxp	yer) is base	ed on all inform	and statement ation of which	s, and to the bi preparer has an	est of my knowledg ly knowledge.	ge and
Sign Her							Ι,	٠.,		.		_	
1161	U	Signature of c	fficer					Date	.	Title			
Paid	1	Preparer's						Pate 1			Preparer	's social security n	umber
	arer's	signature	· .	-			87	<u>~1/90</u>	Check self-e	nployed ▶ [
	Only	if self-employed)	yours and							E.I. No.	•	:	
For !) no	address	7	,						ZIP code	>	······································	
rofi	-beig	vork Reduction Ac	T Notice,	see page	1 of ti	he Instructions.						Form 1120-A	(1989)

Form 11ZU-A			•	U.S. Corporation Snort-Form Income Tax Return To see if you qualify to file Form 1120-A, see instructions.												
Dep	partmer	nt of the Treasury	For cale	I Q ndar vear	500 i 1988 a	t you qui	ality to	o file Fort	n 112()-A, 86	e ins	tructions. エンレム	R/	1099	198	38
A Check this box if corp, is a personal service corp. (as defined in Temp. Rags. sec. 1.441-41—see instructions)		Use iRS label. Otherwise, please print or type.	OI NEL 11	11+ SDN 02	15725	## 17 Aniz Way	#### 8910' ING I	CAR- 51	RT-5 9 34	ORT	**CR04 M .(081	R	nployer Idea	ntification numi	ber (EIN)	
E (heck a	pplicable boxes:	(1)	Initial n	eturn		(2)	Change in a	ddress	·			12		3621 .	1
FC	heck n	nethod of accounting	(1)	Cash	(2)	Accrusi	(3) [Other (spec		`.▶			·			<u> </u>
	10	Gross receipts or sa	tes			b Loss re	turns and	allowances				Balance >	Lic	:		
	2	Cost of goods sol			s (see i	instructions	s)						2			
	3	Gross profit (line		•									3	<u> </u>		
•	4	Domestic corpora	ation divid	lends sub	ject to	the 70% de	eduction	n					4		•	<u> </u>
Income	5	Interest	• • •			• • • •							5	4		
٥	5	Gross rents .	• • •	• • •	• • •					• • •			6		450	
_	1:	Gross royalties	• • •			• • •				• , • •			7	ļ <u>.</u>		
		Capital gain net in							• • •			• • •	-	 		+
	10	Net gain or (loss) Other income (s	mom ron	m 4/9/, I ctione)				=	• •	• • •	• •	• • • •		 		┽
	11	Total income—A								• • •	• •		10 11	╁───	450	╁┈
	12	Compensation of							•			• • • •	12	1	,,,,,,	+
7	13a	Salaries and wa	ges L_			6.1.0	ess jobs	credit				Balance >	130	:		1
. {	14	Repairs									 .		14			
2	15	Bad debts		• • • •	• •								15			
Ę	16	Rents	• • •		• •								16			
Ě	17	Taxes				• • •	• •						17	ļ <u>. </u>	463	<u> </u>
	18 19	Interest		• • •	• •	• • •	• •	• • • •	• •		• •	• • • •	18	<u> </u>		
	20	Contributions (se Depreciation (atta			10% III	•	• •	• • • •	المما	• • •	• •		19	Cithanalas	etutistimos a	22HHHari
		Less depreciation		•	• •	• • •	• •	• • •	20 21a		· · · · ·					
Deductions	22	Other deductions				wim	• •	• • •	[210]			 	21b 22			+
ğ	23	Total deductions				2	• •		• •		• •		23	<u> </u>	463	
Ē	24	Taxable income b					nd spegi	al deduction	ns (line 1	1 less li	ne 23)		24	1	13)	
	25	Less: a Net oper	ating loss	deduction	n (see i	Instructions			25a		142					
_	-	b Special d				ns)	<u> </u>	<u>.</u>	25b				25c		742	
	26	Taxable income (I					• •				• •		26		-0-	-
	27	Total tax (from P	art I, line	7 on page	2) .		•			,			27		-0-	
2	28	Payments:			l 1			1 1000000				MARITUM MARITUM MARITUM MARITUM				
ē		1987 overpayment			28a											
E		1988 estimated to			28b 28c	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 28d							
Tax and Payments		Tax deposited wit							28g							
Ē	•	Credit from regula			mpanie	es (attach F	Form 24	39)	281							
×	8	Credit for Federal	tax on fu	els (attacl	h Form	4136) .	• • •		28g							
-		Total payments—						<u></u> .		• • •			28h			<u> </u>
	29	Enter any penalty							orm 222		eched.		29			
	30 31	Tax due—if the total of lines 27 and 29 is larger than line 28h, enter amount owed. Overpayment—if line 28h is larger than the total of lines 27 and 29, enter amount overpaid.								30		~~~	4			
		Enter amount of line 3	i iine 28h Danii mark	15 lärger (man th	e total of li	nes 27 a	and 29, ente	r amour	it overpa	_		31	ļ		- "
Please Sign Here		Under penaltie	s of periun	r. I declare	that (h	ave evernine	d this rat	um lackeline	-		hadista.	funded >	32	A. M. T.		
		belief, it is true	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement belief, it is true, correct, and complete. Declaration of preparer (other than taxpeyer) is based on all information of which								prepai	rer has any l	i on my knowled knowledge,	age and		
161	<u> </u>	Signature of	officer						Date			Title				
ald	ı	Preparer's							Date		Chec	L-10	T	Preparer's	sociel security	number
Lel	arer's	signature Firm's name (or	i naivee		· · · · · · · · ·			<u> </u>	17-8			mployed >	\coprod	:		
Ise Only		Firm's name (or if self-employed) and) —								E.I. No				
<u> </u>	Paper	address work Reduction A	et Matte	7	n 1 -6'	Aha Imaia						ZIP code	•		4444	
	-Fa:		TULICE	· • • • beg	4 T Q4 /	riid IIIIIIGC	cons.							Fo	orm 1120-A	(1988)

For	, I	IZU-A		you qualify to file				OMB No. 154	_
		ent of the Treasury evenue Service	For calendar 1987 or tax	year beginning		(m)		_	
See	ruc-	A Activity	Use IRSOJ. 11-602	23090 8807	7 519 65	11 M	D Employe	r identification num	
	s for	B Product or service	Other- NELSON FO		• "		Н. Ц.		
ļist (of,	KAR ESTATE	- OL BRU	JADWAY		395	E Date inco	xporated	
-	cipal	C Code	type of LONG ISLE	AND CITY	NY 11	106%		[47]	
bus	ness	6511	machir	•	· * * * * * * * * * * * * * * * * * * *	* *	1 1	ets (See Specific In	
_		F 4 //	print				<u>. </u>	larś	Cents
					ν.		s /	13634	i
			ting: (1) Cash (2) (1) Initial return (2)		ther (specify) > s				
	14	Gross receipts or sa	les	b Less returns and all	lowances	Balance	▶ 1c		
•	2	Cost of goods sol	d and/or operations (see in	structions)			2		
	3	Gross profit (line							
	4		ation dividends subject to t	he Section 243(a)(1)	deduction		4		
ncome	5	Interest		, - (-)(-),					
0	6	Gross rents							
Ĕ	7	_					6	500	
	8		ncome (attach consents Co	hadula D <i>(F</i> 1:50			. 7		
		Not can or floor	ncome (attach separate Sc	nedule D (Form 1120	"		. 8		
	1.7	Other increases	from Form 4797, line 18.				1 1		
	10	Other income (s		• • • • • • • •			10		
	12	Company to the	me—Add lines 3 through	10	<u> </u>	· · · · · · · · · · · · · · · · · · ·	11	500	
_	12		officers (see instructions				12		
Ē	134	Salaries and wa	ges	b Less jobs ci	redit	Balance >	13c		
for limitations	14	Repairs					. 14		
Ē	15	Bad debts (see in	structions)				15		
9	16	Rents					16		
Ē	17	Taxes	<i></i>				17	463	
5	18	Interest			• • • • •		18		
Instructions	19		e instructions for 10% lim	nitation)	• • • • •	• • • • • •	19		
S See	20				1		The state of the s		unnium
<u>د</u> و	21		claimed elsewhere on retu		· ·		1 1		naqaaan
S	22						21b		
₫	23		(attach schedule)				. 22		
eduction	24	Tavable income b	ictions—Add lines 12 throi	ugh 22			23	413	
eđ	25	Least a Makers	efore net operating loss de ating loss deduction (see in	duction and special de	eductions (line 11 le	ss line 23)	. 24	37	
۵	25	h Special e	ating loss deduction (see in	istructions)		7/7			Mitaliilli.
	96		leductions (see instructions	5) , , , ,	25b		25c	779	
	26		line 24 less line 25c).		• • • • • •		. 26		
	27	TOTAL TAX	(from Part I, line 6 on page	2)			. 27	Ø	
S.	28	Payments:	•	·					
Tax and Payments	а		nt allowed as a credit .						
É	b	1987 estimated t	ax payments				MANIMA MANIMA		Nillilli
á	C	Less 1987 refund	applied for on Form 4466	(VIIII XIIII		ii XIIIIIII
Ē		Tax deposited wi					VIIIIIIVIIIII		
Ē	e		ated investment companie	s (attach Form 2439	,				
ă	1		tax on gasoline and specia			· · · · · · · · · · · · · · · · · · ·	28	**************************************	unquiiillii
-	29		TY for underpayment of es			Lie without and	29		-
	30	TAX DUE—If the	total of lines 27 and 29 is I	arger than line 28 on	tor AMOLINT OWER	is attached			- • - -
	31	OVERPAYMENT-	—If line 28 is larger than th	se total of lines 27 and	129 ANOUNT OWEL	COVERDAID	30	-0	
	32	Enter amount of line 3	Il you want: Credited to 198	8 estimated to	J, enter AMOUN		31		- 1 44-
					meludio de	Refunded >			
	ase	belief, it is true	es of perjury. I declare that I has, correct, and complete. Declar	ration of preparer (other t	including accompanyi than taxpayer) is based	ig schedules and staten on all information of wh	ents, and to the	: best of my knowle	edge and
ig	n				1	i i i i i i i i i i i i i i i i i i i	····· property (183	y miowieuge.	•
ler									
		Signature of	officer		Date	Title			
aid		Preparer's	· ·		9ate	Check if	Prepa	rer's social security	y number
	, Darer'	signature			8/19/88	self-employed	· [2]	1 1	
Jse Only		Firm's name (or if self-employed					No. ▶	. :	
_		address	<u> </u>				ode >		
or i	Paper	work Reduction A	ct Notice see page 1 of the	hin inetruietione		, , , , ,		4466	

E-	_1'	120		U.S.	. Corp	oration	inco	me	Tax	Ret	urn			L	OMB No. 154	5-0123
De	partmen	t of the Treasury	For calen	idar year 1989 oi	rtex year be	ginning Nov	.	19	989. end	linz 4	oct 3	1	1990		ଶ୍ରବ୍ର	20
-	ernal Rev eck if a	venue Service	Use	► Instruction	s are sepa	rate. See pag	e 1 for f	aperw	ork Re	duction	Act N					9
_		ated return	IRS	ING		***	***	CAR-	-RT-	20R	T±±(R04	n Empl	loyer k	dentification n	umber
		holding co.	iabel. Other-	N OI 11	-1572	517 OC			L9 3		M		Date	incorp	orated .	
	Personal	service defined in	wise,	NETZO		VANIZI	I DV						R		147	
•	emp. Re 1.441-41	egs. sec.	please print		BROA			*				037	S Total	assets	(see Specific Ins	tructions)
	nstructio		or type.	LONG	IZLAN	D CITY		NY	1	110	6	•				1
6	Check ap	plicable boxes: (1	l) 🔲 Initial	return (2) 🔲 F	inal return	(3) Change	in addre	55					\$	281	1399	
	1a	Gross receipts or	sales	1		ss returns and				1	Ī	e Bal ▶	1c	1 3	30 7AY	
	2	Cost of goods	sold and	or operations	(Schedu	le A, line 7)				•	· · ·		2		72 148	
	3	Gross profit (I	ine Ic les	is line 2)									3		288574	
•	4	Dividends (Sc	hedule C	, line 19) . .								•	4			
ncome	5	Interest .	• • •										5			
Ş		Gross rents											6			
=		Gross royaltie											7			
	8	Capital gain n	et incom	e (attach Sche	dule D (F	orm 1120))			• • •				8			
	9	Net gain or (lo	ss) from	Form 4797, P	art II, line	18 (attach F	orm 47	797)					9			
	10 11	Other income	(see inst	ructions—att	ach sched	lule)		• •					10			
_	111	Total income	—Add lin	es 3 through	10	<u> </u>	<u> </u>		<u></u>	<u> </u>		. ▶	11		185576	
3	112	Compensation	n of office	ers (Schedule I	E, line 4)								12		69680	
ş		Salaries and w	vages <u>L</u>		الحصل	Less jobs cr	edit				c Bala	nce 🕨	13c			
deductions		Repairs .	• • • •		* * *			• •					14			
å	1	Bad debts . Rents	• • •	• • • • •			• •	• •					15	L_		
Ę		Taxes	• • •				• •	• •					16		1289	
뮕	1	interest	• • •	• • • • •	• • •	• • • •	• •	• • •					17	<u> </u>	63893	
Ī			Gan lant				• •	• • •			• •		18		24724	<u> </u>
Ē	20	Contributions Depreciation ((see inst attach Sc	ructions for 1	0% limit	etion)	• •	• • •					19		•	
(See Instructions	1	Depreciation (Less depreciat	tion claim	nni 4502) . Ied on Schodu	lo A and a		• •	• •		39	18				29	
ᅗ	i	Depletion	non Clairtí	eu on Schedu				. , 1	21a			_!	21b		3918	
1	1	Advertising		• • • •	• • •	• • • •	• •	• • •	• •	• •	• •	• •	22			
3	P .	Pension, profit	t-sharing	etc nlane	• • •		• • •	• • •	• •	• •	• •	• •	23		· · · · · · · · · · · · · · · · · · ·	 -
_	25	Employee ben	efit propr	ams		• • •	• • •	• •	• • •	• •			24 25		<u> </u>	
ctions	26	Other deduction	ons (attac	th schedule)			• • •	• •	• •	• •	• •	• .			50430 1248 9	
₹		Total deduction					• • •	. • •	• •	• •	• •	• .	26 27	7	81 107 2	-
Dedu	28	Taxable incom	e before i	net operating	loss dedu	tion and end	cial da	di satia			n Basi	. –	28	7	86423	\
å	29 (Less: a Net ope	rating loss	deduction (see	instruction	rion and spe	ciai uei	unctioi	29a	TT les	is line	2/) .			2782	4—
		b Specia	l deduction	ons (Schedule	C, line 20))			29b			+	29c			ļ
	30 1	Taxable incom-	e—Line	28 less line 29)c								30	7	97847	7
	31 1	Total tax (Sch	edule J, li	ne 10)					• •	• •	• •		31	بـــــــــــــــــــــــــــــــــــــ	-0-	4
ş	32 F	'ayments: a 1988	overpayme	nt credited to 1989												
ax and Payments		1989 estimate			32b		///									-
Ž	e L	ess 1989 refund	applied for	on Form 4466	32c (Bai ►	32d	· · · · · ·		1			•	
۵		ax deposited v						. [32e						5	
2	1 0	redit from reg	ulated in	vestment com	panies (a	ttach Form 2	439) .		321							i
×	33 E	redit for Fede	rai tax on	fuels (attach	Form 413	16)			32g				32h			
_	33 E 34 T	nter any pena	lity for ur	iderpayment o	of estimat	ed taxChe	ck▶ L	if F	orm 22	220 is a	attach	ed .	33			
	35 0	ax due—If th	e total of	fines 31 and 3	33 is large	r than line 32	2h, ente	er amo	unt ow	red .	•		34		-0-	
	-	verpayment- nter amount of lin	II line 3 ne 35 voli u	i∠n is larger th	ian the to	tal of lines 3]	and 3	3, ente	er amoi				35	·		
		i Under behal	ities of maria	zu I docinea that t			ncludino	arcame	anvine c		Refund		36		 	
Ple: Sigi		Delief, it is tr	rue, correct,	and complete. De	claration of	preparer (other (han taxp	ayer) is t	based on	all inforr	ano sta mation o	rements of which	, and to preparer	the bes	it of my knowle ly knowledze.	dge and
Sigi Her			_				t							,	- ···	
1161	Ե ——	Signature	of officer		**-, **			Date		—)	Title					
Paid		Preparer's		<u> </u>		- , 	1	Date		· †			Pro	Dare'-	social security	m, make-
	arer's	signature	<u> </u>		<u>-</u>		1	11-1	6-40		Check if self-emp		¬ ' "	3 Jereet :	: social security	· ··u·noer
	Only	Firm's name yours if self-	(or employed)				L					i. No.	<u> </u>		<u> </u>	
		and address		7								P code I		<u>:</u>		

1 Inventory at beginning of year	old and/or Operations	(See instru	ctions for lin	e 2, page 1)		
2 Purchases	• • • • • • •			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	105 / 10
3 Cost of labor	• • • • • • •				2	135 612
	• • • • • • • •				3	
4a Additional section 263A costs (b Other costs (attach schedule)	see instructions—attacl	schedule) .			40	N3 693
5 Total—Add lines 1 th	• • • • • • • •				4b	· · · · · · · · · · · · · · · · · · ·
TOO MINES I TOMOUPH AN						410 224
- "" OI TO Y OL ELLU OT VESP			• • • •	* * * • • • •		00 228
TO SOULS SUIT AND AN ANAM	tions—Line 5 less line 6	. Enter here a	nd on line 2	·	6	158 410
8a Check all methods used for valu	ing closing inventory:		110 Oil Mile 2,	page I [7 1	042 148
OUST (II) (V) DWGF AF A		od in Domester				
(iii) Writedown of "subnorm (iv) Other (Specify method L	al" goods as described in	Pomissis	ons section 1.	471-4 (see instri	uctions)	
				"ZICIISDA IBOTELL		
Solieck if the LIFO inventory met	had was adomed the	•••••				
b Check if the LIFO inventory method to closing inventory computed under the closing inventory method to closing inve	tion wood 4	year for any g	oods (if chec	ked, attach Form	970)	
Civilia (livel) (CIV computed conf.	- LIPA	an enter be	Centage (Az	amountal at 1		
The fules of section 2634 (with	rosmand to make		• • • •		Re	
d Do the rules of section 263A (with Was there any change in determin	respect to property produ	ced or acquire	d for resale) a	DDIV to the corner	etion?	
e Was there any change in determin attach explanation	ing quantities, cost, or va	uations betwe	en opening an	vi ciceina imanua.		☐ Yes ☐
Schedule C. D		<u> </u>	opening at	in crostile inveltion	ry? If "Yes,"	
Schedule C Dividends and Spec	cial Deductions (See	nstructions	1		`````	☐ Yes ☑
1 Dividends 5			,	(a) Dividends received	(b) %	(c) Special deduc
1 Dividends from less-than-20%-own 70% deduction (other than debt-fit	ned domestic corporation	ne that are an	h. 2			(a) × (b)
70% deduction (other than debt-fit	nanced stock)	in river are 20	Dject to the		1	
E Dividends from 2006-or man			• • • • •		70	
80% deduction (other than debt-fir	ranced stock)	s that are suf	ject to the			
- Civiocino un dentitinanced etect 4					80	1
4 Dividends on certain preferred 5 Dividends on certain preferred	stock of less than 200	porations (sec	tion 246A)		see instructions	
5 Dividends on certain preferred	stock of 2000	-owned publ	ic utilities		41.176	
 5 Dividends on certain preferred 6 Dividends from less-than-20%-owr are subject to the 70% deduction 	and forming	-owned publi	ic utilities		47.059	
are subject to the 70% deduction	red foreign corporations	and certain	FSCs that			
7 Dividends from 20% or more	• • • • • • • • • • • • • • • • • • • •				70	·
7 Dividends from 20%-or-more-owner subject to the 80% deduction	d foreign corporations ar	d certain FSC	s that are		 	
D UIVIDENOS FROM Wholly named familian and		• • • • •			1 80	
B Dividends from wholly owned foreign subs 9 Total—Add lines 1 through 8. See in	idiaries subject to the 100%	deduction (sect	ion 245(b))		80	
Dividends from demant	nstructions for limitation				100	
Dividends from domestic corporation company operating under the Small	ons received by a small	l business in	V001	ummuninninininininininininini		
company operating under the Small Dividends from certain FSCs that are s Dividends from affiliated group members	Business Investment Act	of 1958	vesunent	•	1 1	
Dividends from efficiency	ubject to the 100% deduc	tion (section 2	ARCOVIN		100	
Dividends from affiliated group members Other dividends from foreign corpor	s subject to the 100% dedu	ction (section :	243(0)(2))		100	
Other dividends from foreign corpor Income from controlled foreign corpor	ations not included on	ines 3 6 7	8 6: 11		100	
Income from controlled foreign corpor Foreign dividend gross-up (section 7)	orations under subpart F	(attach Form	0, 0, 11			
Foreign dividend gross-up (section 78	3)	(-1.0011) 0111	15 34/1) -			
IC-DISC and former DISC dividends no Other dividends	ot included on lines 1 2	Of 3 (contin-) 1			
Deduction for the		~ (accion	240(a))			
Deduction for dividends paid on certain protein dividends—Add lines 1 through	preferred stock of muhim	ilition/s	• • • • •			
Total dividends—Add lines 1 through	th 17. Enter here and	mires (see insti	ructions) /////			
Total deductions	weie disti	zi iiile 4, pa	ge 1. 🕨 🔼			
Total deductions—Add lines 9, 10, 11 nedule E Compensation of Offic	, 12, and 18. Enter here	and on line o	Oh anni d			
hedule E Compensation of Offic Complete Schedule E only if	ers (See instructions	or line 10	Ju, page 1 .	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u> .▶	
Complete Schedule E only it	total receipts (line 1a ni	s lines A 44	age 1.)		,	
(a) Name of officer	(A) (A)	(c) Passed	RII TO' OL DSE	e 1, Form 1120) a	re \$500.000	07 More
	(b) Social security number	Limite devoted to	Lstoc	k Owner		
JOHN SUEENRY JR	102-32-7058	Dusiness	(d) Common	(e) Preferred	(f) Amount o	f compensation
ROBERT SWERMEN	103-22-1036	100 9				
	102-32-6525	100 9		- /V	389	
	 	9			312	ତ୍ର
				701		
			92	1 8/1		
Otal compensation of all		%	 ^	70]		
otal compensation of officers		%	96			
otal compensation of officers ess: Compensation of officers claimed ompensation of officers deducted on I	on Schedule A and elsew	%	96	70]		

1150 (128A)

			•									
	.J (1989)											Page 3
A	edule J	Tax Computation						•	,			
2 _ a	If the box o Enter your (i) \\$	u are a member of a cont n line 1 is checked: share of the \$50,000 and (ii) \\$ share of the additional 5	1 \$25,000 taxable i	ncome brad	cket a	•		▶ rder):			•	
3	Income tax service cor	(see instructions to figure poration (see instructions credit (attach Form 111	re the tax). Check the	nis box if th	e cor	poration	is a quali	fied pers	onal 3) /	
b c	Possession Orphan dri	is tax credit (attach Form ug credit (attach Form 67 fuel produced from 6	5735) 65)		•	4b					•	
Ï	instruction General bu Form 3		ind check which for Form 5884			4d						
	·	orior year minimum tax (a d lines 4a through 4f	ttach Form 8801)			41.	• • •		5			
7		olding company tax (attac		rm 1120))	·			* * *	6			
9a	Alternative	taxes. Check if from: L minimum tax (attach Fo ntal tax (attach Form 46	rm 4626)			• • •	* * * * *, * *	• • • • • • • • • • • • • • • • • • •	91			
		Add lines 6 through 9b. I			1	<u> </u>		• • • <i>,</i>	10	, _0	مبر .	
H Re (1 (2 (3	fer to the list) Business a) Business a) Product o		ne principal:	Yes No	in fo of (S	or a signa reign coun her financi ee instruct	iture or ot itry (such al account) ion F and	her authori as a bank ? filing requi	ity over a fi account, s rements for	ntion have an ininancial account ecurities account form TD F 90-2	terest t in a nt, or	es No
I (1	indirectly, corporation If "Yes," identifying income or	proporation at the end of the ta 50% or more of the voting on? (For rules of attribution, se attach a schedule showing: (a g number; (b) percentage ow (loss) before NOL and speci-	stock of a domestic e section 267(c).) i) name, address, and med; and (c) taxable al deductions of such		L W th co	as the corp at existed rporation i "Yes," the	oration the during the las any ben corporation	ne current reficial inter reficial inter	f, or transfe tax year, rest in it? to file Forms	ror to, a foreign whether or no 3520, 3520-A, o	t the 77 r 926.	
(2	year.	n for the tax year ending wi			st	ock dividen	ds and dist	ributions in	exchange f	fividends (other or stock) in exc arnings and pr	ess of	

the end of the tax year own, directly or indirectly, 50% or more

of the corporation's voting stock? (For rules of attribution, see section 267(c).) If "Yes," complete (a) through (c) (a) Attach a schedule showing name, address, and identifying

- number. (b) Enter percentage owned ▶
- (c) Was the owner of such voting stock a person other than a U.S. person? (See instructions.) Note: If "Yes," the corporation may have to file Form 5472. . . . If "Yes," enter owner's country ▶
- Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.) If "Yes," attach Form 5471 for each such corporation.

(See sections 301 and 316.)

If "Yes," file Form 5452, If this is a consolidated return, answer here for parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.

- During this tax year, did the corporation maintain any part of its accounting/tax records on a computerized system?
- Check method of accounting:
 - (1) Cash
 - (2) Accrual
 - (3) ☐ Other (specify) ▶
- Check this box if the corporation issued publicly offered debt instruments with original issue discount If so, the corporation may have to file Form 8281.
- Enter the amount of tax-exempt interest received or accrued during -01 the tax year ► \$_
- Enter the number of shareholders at the end of the tax year if there were 35 or fewer shareholders ▶

Sch	edule L Balance Sheets	Begi	nning of tax year	Fnd	of tax year
	Assets	(a)	(b)	(c)	(d)
	Cash		15082		3127
2a '	Trade notes and accounts receivable			y Yanunnannanninin	
· b 1	Less allowance for bad debts	•	Y 23 199		Y13078
	nventories		135612		
	U.S. government obligations				158410
5	Tax-exempt securities (see Instructions)	V			
6 (Other current assets (attach schedule)				
7 1	oans to stockholders				
8 (Mortgage and real estate loans .				/////
9 (Other investments (attach schedule)				//// /
10a E	Buildings and other depreciable assets	227313			
þ L	ess accumulated depreciation	216 807	750	224313	
11a [Pepletable assets			220725	3578
b L	ess accumulated depletion				
.12 L	and (net of any amortization)				
13a ii	ntangible assets (amortizable only)				
b L	ess accumulated amortization			<u> </u>	
14 (Other assets (attach schedule).				
<u>15. T</u>	otal assets		581399		
	Liabilities and Stockholders' Equity				578203
16 A	ccounts payable		249630		
17 N	fortgages, notes, bonds payable in less than 1 year		- B. 1.18.3U		459 304
18 0	ther current liabilities (attach schedule)				
19 F	oans from stockholders.		160000		
20 M	lortgages, notes, bonds payable in 1 year or more		67748		160 000
51 0	ther liabilities (attach schedule)		4176		67 743
22 ° C	apital stock: a Preferred stock				
	b Common stock	•	39650	39450	
23 P	aid-in or capital surplus.		2,030		30650
24 R	stained earnings—Appropriated (attach schedule)				//
25 K	etained earnings—Unappropriated		64371		
26 Le	ess cost of treasury stock				(148 494)
27 To	tal liabilities and stockholders' acuity.		581399		(,)
Sched	Reconciliation of Income per	Books With Inc			579203
	if the total assets on line 15, colur	nn (d), of Schedule	L are less than \$25,000) is not tedrited to co	Implete this schedule
1 Net	income per books	(212870)			T
	eral income tax		7 Income recorded o included on this rel	n books this year not	
3 EXCE	ess of capital losses over capital gains		a Tax-exempt interes	ou (reilise):	
4 Inco	me subject to tax not recorded on books		- an ovembruitere	». •	
uas	year (itemize):		************		
S 5			8 Deductions on this r	Often and shamed	
dedu	nses recorded on books this year not cted on this return (itemize):		against book income	this year (itemize)	
a Der	reciption		Depreciation .	2	1
b Con	preciation \$		b Contributions carry	over \$	
C Trave	tributions carryover \$			**********	
16	NACTIES		***************************************		
****	*****************************	15022	**********		
6 Total	of lines 1 through 5	10-10-1	9 Total of lines 7 and	8	
Schedu	Analysis of Unappropriated D	197847)	To morne (nne 28, page 1	—Ine 6 less line 9 .	(197847)
	le M-2 Analysis of Unappropriated Recomplete this schedule if the total a	ecained barnings essets on line 15	per Books (line 25, S	chedule L) (You a	re not required to
1 Balan	ce at beginning of year		(-), o, benedule La	re less than \$25,00	0.)
2 Net in	icome per books	64371	5 Distributions: a Cas	sh	
3 Other	increases (itemize):	212870)		ck	
			€ Pro	perty	
	***************************************		6 Other decreases (ite	mize):	
		.	**********		·
4 Total	of lines 1, 2, and 3	148000	7 Total of lines 5 and 6		
		(10 177)	8 Balance at end of year	r (line 4 less line 7)	(142 499)

Depreciation and Amortization

► See separate instructions.

OMB No. 1545-0172

epartment of the Treasury Internal Revenue Service

Business or activity to which this form relates

Attach this form to your return.

Identifying number

Name(s) as shown on return GAWAN ZING N6223N

11-1572517

Part I Depreciation (Use Part recreation, or amuseme	l III for automo nt.)	biles, certain o	ther vehicles, c	omputer:	s, and prop	erty u	sed for entertainment
	ection A.—Elec	tion To Expense	e Depreciable As	sets (Sec	tion 179)		
1 Maximum dollar limitation						1	\$10,000
2 Total cost of section 179 propert	v nlaced in cend	co during the		diama)	• • •	2	\$10,000
3 Threshold cost of section 179 pro	y bioced in seivi	ce during the (a)	(year (see instruc	tions) .	• • •		4000 000
4 Reduction in limitation (Subtract	line 3 from line		1011	• • •	• • •	3	\$200,000
5 Dollar limitation for tax year (Sub	tract line 4 from	∠, but do not em	ter less than -U)	~	• • •	4	
(a) Description	of property	inte I, but do Ir	(b) Date placed in s		(-) (-)	5	
6			(b) Date placeu in s	ervice .	(e) Cost		(d) Elected cost
		-					
7 Lietad property Enter amount of			<u> </u>				
7 Listed property—Enter amount f	rom line 28 .	_ • , • . • . •	• • • • •	• • •		7	
8 Tentative deduction (Enter the le	sser of: (a) line 6	5 plus line 7; or (b) line 5.)			8	
9 Taxable income limitation (Enter	the lesser of :(a)) Taxable income	; or (b) line 5) (se	e instruct	ions)	9	
10 Carryover of disallowed deduction	n from 1988 (se	e instructions).				10	
11 Section 179 expense deduction (Enter the lesser	of: (a) line 8 plus	s line 10; or (b) lin	ie 9. <u>) </u>		111	
12 Carryover of disallowed deduction				▶ 12			
	<u> </u>		CRS Depreciation	n			
(a) Classification of property	(b) Date placed in service	(c) Basis for depre (Business use only instructions	y-see (a) Recovery	(6) (6)	1 **	ethod	(g) Depreciation deduction
13 General Depreciation System (GD)S) (see instruct	ions): For assets	placed in service	ONLY du	ring tax year	begin	ning in 1989
a 3-year property							
b 5-year property				, -			•
c. 7-year property		·				·	
d 10-year property							
e 15-year property				-			
f 20-year property		·			- ,		
g Residential rental property			27.5 yrs.	MM	S	/7	· · · · · · · · · · · · · · · · · · ·
& Residential rental property			27.5 yrs		S		
h Nonresidential real property			31.5 yrs.	MM	- s		
<u> </u>			71 5	WW		,.	, , , , , , , , , , , , , , , , , , ,
14 Alternative Depreciation System (ADS) (see instru	ctions): For assa	ts placed in comi	ONI V	S/	<u>u</u>	famina in 1000
a Class life			p.aaca iii 36171(- ONLY			mining in 1989
b 12-year			10		S/		
c 40-year		-	12 yrs.	3000	S/		
15 Listed property—Enter amount fro		<u> </u>	40 yrs.	MM	S/		
16 GDS and ADS deductions for asset	in me 2/ Is placed in earl	ica hafara 1999	lena imalmunila	• • •	• • •	15	
					• • •	16	
7 Property subject to cooling 1 CO/n	Section (1) starting	U.—AURS and	or Other Depre	ation			
17 Property subject to section 168(f)((1) election (see	instructions).	• • • • • •		[17	
8 ACRS and/or other depreciation (s	ee instructions)		<u> </u>		<u> </u>	18	3918
0.7-4-1/4/4/4		Section D.—	-Summary				
9 Total (Add deductions on line 11 your return (Partnerships and S co	r porationssee	: Instructions.)		appropria	te line of	19	3918
O For assets shown above and placed in of the basis attributable to section 2	in service during t	the current year	enter the portion	. 20			
on Danas and Dan				<u>-1 -4 - </u>			

11 12 13 13 14 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	#U-1572517 10/31/90	Premored By Approved By
8	ON T CONTAIN 0700 COREN 700 DURE 1 1 2 3 4	
<u> </u>	PI LINE 26 OTHEL DESVETIONS	
:	TRUCK 21614	
2	INSURANCE ISYOU ISYOU	
3	SECURITY 10 234	# - Ar -
4	UNIFORMS	
5	CLEANUK. 2297	
6	DUES	
7	OFFICE 1038	
8	TELEP WANTE 6705	
3	FACTORY EXPENSES 4075,7	
10	FUEL BYSYS	
11	UTICITIES 70968 70968	
1.7	BANK CHAPLES 4900	
13	PROFESSIONAL 20754	
14		
15		
16	MISCELLAL 2003 4587	-
17	272489	
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	A Committee of the Comm	بأحطك الصائب

	4 4	120	ı	U.S. C	Corp	oration,in	come	Tax F	Returi	n '		<u> </u>	DMB No. 1	545-012	23
Form		140	For solon	dar year 1988 or ta			, C. C. C. C	988, endin	. 10/	/3,	19 8	,	ട്വത	88	!
Depar	tment	of the Treasury	YOT CARE	► For Paper	work R	eduction Act Noti					,	`	IIA	00	<u>, </u>
	k if a-		Üse	Name							D Em	oloyer ide	entificatio	u vimp	er
		ted return	IRS	HEI BO	1 6	AL VANIZ	ING /	W.E.			1	1-15	725	17	
		holding co.	label.	Number and street	(or P.O.	DOX number if mail is	not delivere	i to street a	ddress)	• • •		e incorpo			
		service	Other- wise.	11-07		BROADW				1		11-	1-4	7	
COI	p.(as d	lefined in	please	City or town, state,							F Tota		See Specific		ions.)
		gs. sec. —see	print	LON	A.	SCAND C	2,44	NY	1110	4		Doll	ars	1	Cents
	tructio		or type.							-	e	5	1813	9	
E Ch				return (2) Fina		(3) Change in a				1 - 8-18	Ť		9 68		
		Gross receipts o				ess returns and allo			t	_] c Bal ▶	19	_	6/2	780	
	2	Cost of goods	s sold and	or operations (Schedu	ıle A)		•, • •		• •	2		3.76		
	3	Gross profit (line 1c le:	ss line 2)							3		21.6	137	_
	4	Dividends (S	chedule C	, line 19)							4				
Ē	5	Interest .									5				
ncome	6	Gross rents									_6	_	<u> </u>		
Ē	7	Gross royalti	es												
				e (attach separa	te Sch	edùle D)					8				
						ne 18 (attach For	m 4797)				9	1		<u> </u>	
				•	•	edule)					10)			
			•			enter here					1:	1 3	356 13	15	
_				ers (Schedule E)							1:		59 2	80	
3		•		ers (Schedule E)		b Less jobs cred		<i>''</i> i	اءا	alance >	13		•		
deductions.		Salaries and	wages L			b ress lons cier	JIL [la la lice, P	14				
ş	14	Repairs .	• • •	• • • •	• •		• • •			• • •	1				
	15	Bad debts .	• • •		• •					• • •	10	_		-	_
5	16	Rents		• • • • •		• • • • • •							2141	10	\vdash
	17	Taxes	• • •		• • •		• •				1				
instructions for ilmitations	18	Interest .			• •						1	_	204	עטיי	
튼	19	Contribution	s (see ins	tructions for 10)% lim	itation)				٠.٠.٠	1				├
ē.	20	Depreciation	(attach F	form 4562) .				20	-88-				58	اسره د	
5	21	Less depreci	ation clair	med in Schedule	A and	elsewhere on re	turn	21a			21		7 8	ره	—
Ž	22	Depletion .	,								2				<u> </u>
Ē	23	Advertising	, , ;		,				• ,• •		2	3			
8	24	Pension, pro	fit-sharin	g, etc., plans .							2	4			<u> </u>
	25			grams		•					2	5	266		
ctions	26			ach schedule)					·		2	6	512	88	<u> </u>
ŧ	27				ough 2	26 and enter he	re				2	7	377	410	<u> </u>
3	28					duction and spec		ions (line	11 less	line 27)	2	B (21	457	厂
Dedu	29			ss deduction (see			adi ucuuci	29a	. 11 1033			7777			
	2.3			tions (Schedule				29b			29			į	l
_	30					20)		1-5-1		1	3		214	157	
	31			28 less line 29c)	• •		• • •				3		-0		
		Total tax (S		nent credited to 1988	39= 1		· viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<i>Minnimia</i>							
Fax and Payments					32b									1	
ē		1988 estima	-	-	-	<i>(</i>) 4 0	> 32d							
Ž	C		• • •	for on Form 4466	32c	<u> </u>		32e		: :- 				1	
ے	•	Tax deposite			• •						-\			•	1
2	1		•		•	(attach Form 24	1 39)	32f						,	ł
×				on fuels (attach				32g			32				
E	33					nated tax—chec				ched .	3				
	34					rger than line 32					3		-0		
	35					total of lines 31	and 33, e	enter amo	_	•	3				—
	36	Enter amount o	t line 35 yo	u want: Credited to	1989 e	stimated tax >				efunded >	3				<u></u>
Ple	ase	unger po	enaities of pi is true, corre	emury, i declare that l ect, and complete. De	nave ex eclaratio	amined this return, in of preparer (other t	nciuoing acci han taxpayer	ompanying :) is based o	schedules a n all inform	ind stateme ation of whi	nts, an ch ore:	o to the t parer has	est of my any knowi	knowled; edge.	ge and
Sig			•			• .• •					,				
He		 							\				,		
		Signal	ture of office	r		•		ite		Title					
D-*		Preparer					Da	te		heck if		Prepare	r's social s	security r	number
Paid	i parer'	signatur								neck it elf-employed		1.	à		
	Only	į Pirmisja	ame (or	_ \						E.I. No	>		<u> </u>		
A36	vuij	yours if s	ielf-employe ress	o) /			<u>-</u>			7IP cov					

.

Schedule J	Tax Comp	utation	(See instructions.))

	•									mnomm.
	Check if you are a member of a controlled group (see so if line 1 is checked:	ections 1561	l and	d 1563) ,	• • •		•			
	a Enter your share of the \$50,000 and \$25,000 taxable (i) \$ (ii) \$	income braci	ket a	amounts (in that ord	ler):				
	b Enter your share of the additional 5% tax (not to exceed	1\$11.750)	\$		<u> </u>					iiibiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
	Income tax (See instructions to figure the tax). Check t service corporation (see instructions) ▶ □	his box if the	e co		s a qualifi	ed perso	onal	3	-0-	
. 4	a Foreign tax credit (attach Form 1118)			4a	•			William .		
٦	b Possessions tax credit (attach Form 5735)									
				•	,					
	c Orphan drug credit (attach Form 6765)				· · · · · · · · · · · · · · · · · · ·		_			
	d Credit for fuel produced from a nonconventional instructions)			. 4d	· · · - · · - · · · · · · · · · · · · ·					
	e General business credit. Enter here and check which for	ms are attac	:hed	l: ////////						
	☐ Form 3800 ☐ Form 3468 ☐ Form 5884									
	☐ Form 6478 ☐ Form 6765 ☐ Form 8586 .		•	. 4e						
	f Credit for prior year minimum tax (attach Form 8801)			. 41						
					· · · · · · · · · · · · · · · · · · ·					-
Ę	Total—Add lines 4a through 4f		•	• • •				5_	·	
						•		_		
(Line 3 less fine 5						• •	6.		
7	Personal holding company tax (attach Schedule PH (Fo					• •	• •	7_		
	Recapture taxes. Check if from: LiForm 4255 LiFo	rm 8611 .	•			• •		8		+-
9	Alternative minimum tax (see instructions—attach Fo	rm 4626) .						<u>9a</u>	ļ	
	b Environmental tax (see instructions—attach Form 46	26)				• • •		<u>9b</u>		
								ĺ		
	Total tax—Add lines 6 through 9b. Enter here and on li		1					10	-01	
Ac	iditional Information (See instruction F.)	Yes No		14 41 4	A AL A		444			Yes No
H	Refer to the list in the instructions and state the principal:								ion have an interest	
	(1) Business activity code no. ► 3770		f	u oi s zigus	sture or other tex fench se	er autnori	ity over	nt sec	uncial account in a urities account, or	
	(2) Business activity > GALVANIZING				al account)?					
	(3) Product or service ▶								orm TD F 90-22.1.)	
					er name of fo				,,,,,	
I	 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic 		,	. 1 00, 0 115	or ribition of th	v.o.B., vo.				
	corporation? (For rules of attribution, see section 267(c).)								r to, a foreign trust	
	If "Yes," attach a schedule showing: (a) name, address, and								hether or not the	
	identifying number; (b) percentage owned; and (c) taxable									
	income or (loss) before NOL and special deductions of such		I	r "Yes," the	corporation r	may nave	to tile h	orms 3:	520, 3520-A, or 926.	<i>VIIIXIIII.</i>
	corporation for the tax year ending with or within your tax	<i>V////////////////////////////////////</i>	M E	During this t	ax vear, did	the corpo	nration	nav div	vidends (other than	WIIIWIII.
•	year.								stock) in excess of	W/////////
	(2) Did any individual, partnership, corporation, estate, or trust at						cumulai	ted ear	nings and profits?	YIIIIIIIIII
	the end of the tax year own, directly or indirectly, 50% or more		(See sections	301 and 31	6.)				VIIII VIIIII
	of the corporation's voting stock? (For rules of attribution, see								ted return, answer	VIIIXIIII.
	section 267(c).) If "Yes," complete (a) through (c)	www.				on and on	Form 8	B51, Af	ffiliations Schedule,	<i>VIIIXIIII.</i>
	(a) Attach a schedule showing name, address, and identifying		T	or each subs	sidiary.					<i>VIIIXIIII</i> .
	number. SCH &								ain any part of its	
	(b) Enter percentage owned ► 100 /a	- <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		-	ax records o		uterized	systen	n?	
	(c) Was the owner of such voting stock a person other than a				d of account	ing:				W////////////////////////////////////
	U.S. person? (See instructions.) Note: If "Yes," the		-	1) Cast						
	corporation may have to file Form 5472			(2) Accr						
	If "Yes," enter owner's country ▶	- ////////////////////////////////////	((3) 🔲 Othe	er (specify)	>				
J	Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.)	F			x if the corp with original				offered debt	
	If "Yes," attach Form 5471 for each such corporation.				poration may					
		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		-					d or accrued during	
	•			he tax year I			1 123	CCEING	n di eccined daling	
		<i> </i>				· · · · · · · · · · · · · · · · · · ·	 at the e	nd of t	he tax year if there	
_			¥	vere 35 or fe	wer shareho	lders ►	ン			

Schedule L Balance Sheets	Beginn	ning of tax year	End of	tax year
Assets	, (a)	(b)	(ĉ)	(d)
1 Cash		449		15082
2 Trade notes and accounts receivable				
a Less allowance for bad debts		レクミンフタ		423199
3 Inventories		13/214		135 612
4 Federal and state government obligations				
5 Other current assets (attach schedule)		307		
6 Loans to stockholders				
7 Mortgage and real estate loans				
8 Other investments (attach schedule)				
9 Buildings and other depreciable assets	12 Y 44		22 Y44	
a Less accumulated depreciation	210922	/329/	216807	750 b
10 Depletable assets				
a Less accumulated depletion				
11 Land (net of any amortization)				//
12 Intangible assets (amortizable only)			·	
a Less accumulated amortization				
13 Other assets (attach schedule)				
14 Total assets		420635		581:09
Liabilities and Stockholders' Equity				
15 Accounts payable		202409		21033
16 Mortgages, notes, bonds payable in less than 1 year		//		
17 Other current liabilities (attach schedule) .18 Loans from stockholders .				168547
		25000		160000
19 Mortgages, notes, bonds payable in 1 year or more		67748		
20 Other liabilities (attach schedule)				67748
21 Capital stock: a Preferred stock.	201=			
b Common stock	39150	39650	39650	39 650
23 Petained extrines Appropriate 4 (-44-44-44)				
23 Retained earnings—Appropriated (attach schedule) 24 Retained earnings—Unappropriated				
25 Less cost of treasury stock		F5X78		64271
26 Total liabilities and stockholders' equity				()
Schedule M-1 Reconciliation of Income per if the total assets on line 14, column	Rooks With Inco	420635		581399
if the total assets on line 14, colu	nn (d), of Schedule	Lare less than \$25,000 v	re not required to co	nplete this schedule
1 Net income per books	(21457)			
2 Federal income tax	()	7 Income recorded or	n books this year not	
3 Excess of capital losses over capital gains		included in this retu	ırn (itemize):	
4 Income subject to tax not recorded on books		a Tax-exempt interes		
this year (itemize):]		
		9 Dodustions in Alica	************	
5 Expenses recorded on books this year not		8 Deductions in this ta against book income	this year (itemize)	
deducted in this return (itemize):		a Depreciation .	tina year (itemize).	
a Depreciation \$	•	b Contributions carry	over \$	
D Contributions carryover \$		••••••	VV. V	
c Travel and entertainment , \$				
6 Total of lines 1 through 5	f	9 Total of lines 7 and	В	
6 Total of lines 1 through 5	21427			(21457)
Schedule M-2 Analysis of Unappropriated R complete this schedule if the total	etained Earnings	non Dooles /III O.A. O.		
	assets on line 14, co	Julian (d), of Schedule L a	re less than \$25,000).)
1 Balance at beginning of year	85828	5 Distributions: a Ca	sh	
2 Net income per books	(VITI)		ock	
3 Other increases (itemize):	. ,	c Pro	perty [
***************************************	·	6 Other decreases (ite	mize):	

4 Total of lines 1, 2, and 3	1,12=	7 Total of lines 5 and 6	· [
	64371	8 Balance at end of year	r (line 4 less line 7)	64271

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Form	L Tanasius	For calendar	1987 or tax year beginning 174° For Paperwork Reduction A	ct Notice, see page	1 of the instructi	ons.		. 1	Alfredien numb	
Department of ti	ne Treasury e Service						D Emp	loyer ide	ntification numb	91
Check if a-		USE	N	****	7.4.	106		· · · · · · · · · · · · · · · · · · ·		
A Consolidated	return 🗍	IRS	01 11-1572517 8	810 519	3470 M		E Date	incorpor	ateo	
B Personal Hol		label. Other-	NELSON GALVANIZI	NG INC			Ď	1)	<u> </u>	ione \
C Business Coo	de No. (See	wise	WELSON ONFAMILE.	,		381	n F Tota		ee Specific Instruc	(entra)
the list in the	•	please print	11 02 BROADWAY	y NY	11106		2	Dolla	•	Cents
instructions.		or type.					7 s	42		
6 Check applic	- 10	1 V Initial C		ange in address		Balance	110		862871	
6 Check applic	Capie poxes.	1/	h Lace return	s and allowances		Datance	2	17.	504 797	
la Gi	ross receipts	is cold and	/or operations (Schedule A)			• • •	3		358 074	1
2 C	OST OT BOOK	dina 1 a la	ss line 2)			• • •				<u> </u>
3 G	ross prom	(little True	33 mic 2)			• •				T
ı		Scheanie C				•	` -	5	625	
열 5 h	nterest .						·	,		1
9 5 10 6 0 7 0	Gross rents									1
<u>≥</u> 7 (Gross royal	ties ·	Sahadula D	Λ			· · -	8		+
	Capital gair	net incom	ne (attach separate Schedule D	ttach Form 4797)			· · <u>-</u>	9		+
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10						• •			358 649	+
مدا	TO	TÄI incom	e-Add lines 3 through 10 and	, 0, 1, 0,			🗀	12	59280	
	Compens	tion of offi	icers (Schedule E)		" .	Balan	نسا بابا	13c	· · · · · · · · · · · · · · · · · · ·	
_ 1	Colorine and	Wages	l	b Less jobs credit			L	14		
A .		MQEes				• •	· · Γ	15		
탈 14	Repairs Bad debts	(ann instri	uctions)			•		16	450	
3 15		(zee insert						17	115334	
§ 16	Rents .						٠ . ٢	18	20 800	<u> </u>
<u> </u>	Taxes .	• •					• • •	19		
<u>ā</u> 18	Interest			n)		·- ·				
를 19	Contribut	ions (see l	nstructions for 10% limitation		20 66	<u>. د د</u>	+	21b	645	2
	Deprecia	tion (attac	h Form 4562)	here on return	21a		┦	22		
5 21	Less depi	reciation c	laimed in Schedule A and elsew					23		
ž 22	Depletion) . . .						24		-1-
E 23	Advertisi	ng							6213	20
se Instructions 52 53 54	Pension,	profit-sha	ring, etc., plans					25		9
25	Emolove	e henefit d	orograms · · · · · ·					26	2917	7
2 26	Other de	ductions (attach schedule)	ac and enter here			. ▶	27	320	13 1
27 28 29	1	TOTAL ded	attach scheduley fuctions—Add lines 12 through fore net operating loss deduction fore less deduction (see instructions)	20 and enter here	uctions (line 11	less line	27)	28	520	-
D 28			doductić	an ann special ucu	1 2981	1900			1190	10
9 29					29b			29c		
۔ اِ م	h.	Snecial de	ductions (Schedule C)		1 6 3 0 1			30	(449	121
30	Tavahla	income (li	ine 28 less line 29c)		• • •	• •		31	0	
1	•	TOTAL TA	x (Schedule J)		i viuniumium	ainninnin	inninnin.			ľ
31		nter a 108	6 overpayment credited to 1987		- 					
32	L 100	7 actimate	d tax payments					"Willill		
Payments	b 198	1027 rafus	and applied for on Form 4466	(.	- +	- V ////////		
E								-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•	}
ž			- dated invoctment companies	(attach Form 2439	3) · ·	<u>. </u>		32		. 1
<u>a</u>	e Cred	ait trom te	eral tax on gasoline and special fu	uels (attach Form 4	136)				 	
and	f Cre	oit for rede	eral tax on gasoline and special to	ated tax—check ▶	☐ if Form 222	0 is atta	acned	33	0	i
× 3	3 Enter a	ny PENAI	LTY for underpayment of estimate total of lines 31 and 33 is larger to a state of the total of lines 31 and 33 is larger to a state of the total of	er than line 32, en	ter AMOUNT OV	VED .		34	 	
Xe J	4 TAX D	UE—If the	e total of lines 31 and 33 is larg	otal of lines 31 and	133, enter AMO	ט דאט'	VERPAI	D 35	 	
P.									to the best of our	knowled
3									to the best of my rer has any knowl	edge.
 		Under penalti	es of perjury. I declare that I have examine, correct, and complete. Declaration of	preparer (other than ta	kpayer) is based on a	a monda	, W1		• • • •	٠.
Plea		pener, it is in	ee, eeriteers mit mood of the control of the contro		Ĭ		_			
Sign					Date	- •	Title			
Here		Signature	of officer	·	Date	- 7	Check	1	Preparer's social	security
	 				12-19-8		f self- employed			
Paid		Preparer's signature		·	12-17-0	- 10	E.I. N		<u> </u>	
	4. 1.	Firm's name	· for		•			ode D		
Prep	arer's 🗀									

Sec. 1

form 1120 (1987)							<u> </u>
Schedule A Cost of Goods Sold and/o	or Operations (See in	structions for	line 2, page	1.)			-5
1 Inventory at beginning of year				. 1	91	007	
2 Purchases				2	48	7049	<u> </u>
3 Cost of labor				3		1.151	<u> </u>
4a Additional section 263A costs (see inst	ructions)			4a			
b Other costs (attach schedule)			• 49 a •	46	24		
5 Total—Add lines 1 through 4b		ومني و و و و	New August	5	1 634	011	<u></u>
6 Inventory at end of year		i 📉		. 6	131	214	<u> </u>
7 Cost of goods sold and/or operations—L	ine 5 less line 6. Enter l	nere and on line	2, page 1	. 7	1504	797	
8a Check all methods used for valuing clo		•					
	cost or market as desc	ribed in Regulat	ions section 1	471-4 (see	instructions	e)	
(iii) Writedown of "subnormal" g						•	
			J	, (333	,		
(iv) Other (Specify method used b Check if the LIFO inventory method wa			f chacked at	tach Form 97	20)		٦
If the LIFA town the condition was well	nd for this tay year an	ter percentage	(or amounts)	of I	U ,		ī
c if the LIFO inventory method was use closing inventory computed under LIFC		ter percentage	(or dimostrico)	8c		•	
d Do the rules of section 263A (with respe		r acquired for re	 Sealo) annly tn	the corporation	202] Yes [No
							٠.٠٠
e Was there any change (other than for sopening and closing inventory? If "Yes,"	ection 203A purposes) i attach explanation	n determining q	Januilles, cost	, or valuations	between	Yes [No
Schedule © Dividends and Special D		dule C instruc		Dividends		(c) Special dec	luctions:
Selection Dividends and Special D	eductions(See Sche	dale O mando	(4)	received	(b) %	multiply (a)	
1 Democratic appropriate subject to one	tion 242(n) deduction	Jother than	laht.		see		
1 Domestic corporations subject to sec	tion 243(a) deduction	(other than t	pent-		instructions		
financed stock)	olen eornerations (secti	on 246A)	' '		see instructions		
	eign corporations (secti	0(12 1 0/1)		1600	see instructions		
3 Certain preferred stock of public utilities	ubiant to entire 245 de	· · · · ·			see instructions		
4 Foreign corporations and certain FSCs st					100		
5 Wholly owned foreign subsidiaries and FSCs subject		ulis 24.3(v) aliu (c))	V////////				
6 Total—Add lines 1 through 5. See instru		· · · · ·	///////////////////////////////////		100		
7 Affiliated groups subject to the 100% de			• •				
8 Other dividends from foreign corporation			, ,,				
9 Income from controlled foreign corporat	ions unuer subpart r (a	Mach roughs 54	′*' ·				
10 Foreign dividend gross-up (section 78)11 IC-DISC or former DISC dividends not in	eluded in lines 1 and /o	2 (cortion 246	(4)	 			
	ciuded in lines I and/o	2 (56011011240	(0)) -				
12 Other dividends	atack of public utilities /see	instructions)					
14 Total dividends—Add lines 1 through 12	•			ananajamaninaja	V		
15 Total deductions—Add lines 6, 7, and 1					<i>, , ,</i> ▶		ankinaina
Schedule E Compensation of Office						<u> </u>	
Complete Schedule E only if t				L. Form 1120)	are \$150.0	00 or more.	
		(c) Percent of	Percent of	corporation	, , , , , , , , , , , , , , , , , , ,		
(a) Name of officer	(b) Social security number	time devoted to business	(d) Common	(e) Preferred	(f) Amou	nt of compensa	tion
JOHN SWEENLY JR	102-32-7058		- 50-%	%	33.28	O	
ROBERT SWEENEY	102-32-6575	100 %	50 %	%	2401		
AUDEICI ZWECHU	TOO JE-65 N	%	%	%			
		%	%	%	<u> </u>		-,
	 	%	<u>%</u>	%	<u> </u>		
*		%	%	%	 		
		%	%	%	1		•
Total compensation of officers—Enter here	and on line 12. page 1	I			592	60	,

	edule J Tax Computation (See instructions.)	·		Page 3
1	Check if you are a member of a controlled group (see sections 1561 and 1563) If line 1 is checked, see instructions (figure 1)			annin mana
2	If line 1 is checked, see instructions. If your tax year includes June 30, 1987, colotherwise, complete only b		▶ 🔲 🎇	
	The state of the s	npiete both a and b bek	ow. ////////////////////////////////////	
	a (i) \$(ii) \$(iii) \$	4 Ca. 6		
, ,		3		
3	Income tax (see instructions to figure the tax; enter this tax or alternative (ax from Schedule D		1
4a	S Foreign Annual Court of the C		3	ļ
-TG	a Foreign tax credit (attach Form 1118)	.V.		
	b describing tax credit (attach Form 5/35)			
ď	and an all and a control of the cont			
_	to lact produced from a nonconventional source (see in-			
e	structions) General business credit. Enter here and check which forms are			
	attached Form 3800 Form 3468 Form 5884			
	L 10fm 6478) Form 6765 5 0506			
5				
6	Line 3 less line 5		5	
7	Personal holding company tax (attach Schedule PH (Form 1120))		7	
	1 A 255)	• • • • • •	8	
	- Alternative minimum tax (see instructions—attach Form 4626)		9a	
	y Luviiuiiiilliiiiii tax (see instructions allaal ta acoc.		9b	
	Total tax—Add lines o through 9b. Enter here and on line 31, page 1		10 0	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No 1 Refer to the lie	t in the instructions and stat	e the principal:	Yes No
H Di	Austrees activ	ity > GALVA	JIZING	//////////////////////////////////////
(1	Product or service transfer transfer to the service	rice >		- <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
(2	A MAS IND COUNTY OF THE PROPERTY OF THE PROPER	ration a U.S. shareholder o	f any controlled foreign	- <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
(3	American and a conventions of meetings outside the Morth Villaging Corporation? (S	see sections 951 and 957.)		, Anninganii,
14	4) Employees for illes of some 2/4(17).)	h Form 5471 for each such co	orporation.	
\	If "Ves " was a conventions or meetings! At any time due	ring the tax year, did the cor	poration have an interest	
	North American area? (Connections of intectings outside the	ire or other authority over .	a financial account in a	
(5)	5) Employer of family was to country	y (such as a bank account	, securities account, or	
1 (1	I b ling the econociding of the latest and the late			
		F and filing requirements fo	r form TD F 90-22.1.)	
		ame of foreign country	<u>-</u>	
	16 "Vee" -Att	ation the grantor of, or trans	feror to, a foreign trust	
	(c) taxable income or corporation has	during the current tax yea any beneficial interest in it?	r, whether or not the	
	(1055) Defore NOL and special deductions of such corporation for	poration may have to file For		uuunuum.
	the tax year ending with or within your tax year; (d) highest	year, did the corporation pa	115 332U, 332U-A, 07 926.	
	amount owed by the corporation to such corporation during the	nd distributions in exchange for	y dividends (other than	Willia IIII.
	year, and (e) highest amount owed to the corporation by such	rrent and accumulated earn	ings and profite? (See	
(2)	Did any individual sections 301 and	316.).		
(~)	the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of the tax years and discuss the end of t	orm 5452. If this is a consc	lidated return, answer	
	of the corporation's veting starts (5	corporation and on Form 851	, Affiliations Schedule.	
	tor each subsidiary (1977) 14 (1977) 101 each subsidiary (1977) 101 each su	ry,	•	
	(2) Attack a sake dula at	year did the corporation m	aintain any part of its	
		ecords on a computerized sy	stem?	
	(b) Was the owner of such voting stock a person other than a	accoupting:		
	U.S. person? (See instructions.) Note: If "Yes." the			
	corporation may have to file Form 5472.	specify) ▶		
	If "Yes," enter owner's country	the corporation issued public	ly offered debt	
	(c) Enter highest amount owed by the corporation to such	original issue discount		
	owner during the year ► 2.50.00	tion may have to file Form 8	281 .	
		of tax-exempt interest rece	ived or accrued during	
	owner during the year > 0	nher of a continue		
	Note: For purposes of I(1) and I(2). "highest amount owed" includes loans and accounts receivable/payable.	nber of a controlled group, r the entire group ▶	enter the amount of	
	out of the accounts receivable/payable.	· · · · · · ·		

Schedule L Balance Sheets	ning of tax year	End o	of tax year		
Assets	(a)	(b)	(c)		
1 Cash		41505		(d)	
2 Trade notes and accounts receivable					
a Less allowance for bad debts	<u> </u>	221 S12			
3 Inventories.		////		275274	
4 Federal and state government obligations		91004		131214	
5 Other current assets (attach schedule)					
6 Loans to stockholders		22,257		307	
7 Mortgage and real estate loans		<u> </u>			
8 Other investments (attach schedule)					
9 Buildings and other depreciable assets	4 4 313	III) Tantamanan in an			
a Less accumulated depreciation			224 313		
10 Depletable assets	204 269	20044	210922	13 39)	
a Less accumulated depletion					
11 Land (net of any amortization)					
12 Intangible assets (amortizable only)					
a Less accumulated amortization					
13 Other assets (attach schedule)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
14 7-4-1					
Liabilities and Stockholders' Equity		396 322		420625	
15 Accounts payable					
		170 085		202 409	
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach schedule)					
				25000	
19 Mortgages, notes, bonds payable in 1 year or more		67748		L7 242	
20 Other liabilities (attach schedule)				70	
21 Capital stock: a preferred stock					
b common stock	39120	31 650	39 450	39 650	
22 Paid-in or capital surplus				A 1 63 U	
23 Retained earnings—Appropriated (attach schedule)				<u></u>	
24 Retained earnings—Unappropriated		118839		82 818	
25 Less cost of treasury stock .		()		1	
26 Total liabilities and stockholders' equity		396322		420 635	
Schedule M-1 Reconciliation of Income point the total assets on line 14, col	er Books With Inc	Ome per Deture Val	are not required to	omplete this schodule	
		e L are less than \$25,000).	e distribute di ila aci leggie	
1 Net income per books	(33015)	7 Income recorded o	n hooks this year and	T	
2 Federal income tax		included in this ret	ura (itomias)		
3 Excess of capital losses over capital gains		a Tax-exempt interes			
4 Income subject to tax not recorded on books		1			
this year (itemize)			***********		
***************************************		8 Deductions in this ta	v polyton mak alanamad		
5 Expenses recorded on books this year not		against book income	this was titamina	1	
deducted in this return (itemize)		a Depreciation	triis year (itemize)	1	
a Depreciation \$		b Contributions carry	·m.o. •		
b Contributions carryover\$					
				•	
		9 Total of lines 7 and	0		
6 Total of lines 1 through 5	(33012)	10 Income (line 28, page 1	— line 6 less line Q	(22012)	
Schedule M-2 Analysis of Unappropriated complete this schedule if the total	Rètained Earning			are not required to "	
	1	column (d), of Schedule L	are less than \$25,0	00.	
I Balance at beginning of year	118354	5 Distributions: a C			
2 Net income per books	(32012)	L C	rack		
3 Other increases (itemize)		0 31	tock	· · · · · · · · · · · · · · · · · · ·	
		6 Other degrades (*	roperty		
		6 Other decreases (ite		•	
*****	·	*************			
Roudoude		7 Total of lines 5 and (
4 Total of lines 1, 2, and 3	85828	8 Balance at end of year	or (line 4 loce line 7)	OFD. A	
			in turne a less line \)	85828	

Depreciation and Amortization

See separate instructions.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) as shown on return

Attach this form to your return.

equence No

NELSON

ALVANIZ ME Business or activity to which this form relates

Depreciation (Do not use this part for automobiles, certain other vehicles, computers, and property used for Part I entertainment, recreation, or amusement. Instead, use Part III.)" Section A.—Election To Expense Depreciable Assets Placed in Service During This Tax Year (Section 179) (a) Description of property (b) Date placed in service (c) Cost (d) Expense deduction 2 Listed property—Enter total from Part III, Section A, column (h). 3 Total (add lines 1 and 2, but do not enter more than \$10,000) . 4 Enter the amount, if any, by which the cost of all section 179 property placed in service during this tax year is 5 Subtract line 4 from line 3. If result is less than zero, enter zero. (See instructions for other limitations) Section B.—Depreciation (e) Method (b) Date (c) Basis for depreciation (a) Class of property (d) Recovery placed in (f) Deduction Business use only—see period figuring service (nstructions) depreciation Accelerated Cost Recovery System (ACRS) (see instructions): For assets placed in service ONLY during tax year beginning in 1987 a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property Residential rental property h Nonresidential real property 7 Listed property—Enter total from Part III, Section A, column (g). 8 ACRS deduction for assets placed in service prior to 1987 (see instructions) Section C.—Other Depreciation 9 Property subject to section 168(f)(1) election (see instructions) 10 Other depreciation (see instructions) Section D. ---Summary 11 Total (add deductions on lines 5 through 10). Enter here and on the Depreciation line of your return (Partnerships and S corporations—Do NOT include any amounts entered on line 5.) . 12 For assets above placed in service during the current year, enter the portion of the basis attributable to additional section 263A costs. (See instructions for who must use.) Part II Amortization (a) Description of property (c) Cost or (e) Amortiza (b) Date acquired (d) Code (f) Amortization tion period or for this year percentage 1 Amortization for property placed in service only during tax year beginning in 1987 2 Amortization for property placed in service prior to 1987 3 Total. Enter here and on Other Deductions or Other Expenses line of your return See Paperwork Reduction Act Notice on page 1 of the separate instructions.

#11-1572517 10/31/88

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,	FUEL				47924	
32.	GAL + CLE	CRICITY			64061	
, ,	FREIGHT				461	
`	TRUCK		- - - - -		27762	
		HEALT	+ WELFARZ		12129	
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Form 1040	U	.S. Inc	dividual Inc	ome '	Tax R	eturn	1989	1	•				
			Dec. 31, 1989, or oth					, ending			19	OMB. No. 1	1545-0074
L				-						1	Your s	ocial security n	
			NEY JR		•					L	_10	2-32-705	8
			WEENEY J	R		•				[3		e's social secu	
wise. H LO3	4 B	ELMON	T AVE		-					L	09	6-32-734	.5
print E NEW	, HA	DF DA	RK, NY 1	1040							•		
Presidential	<u> </u>		want \$1 to go to						interest	1 22		Note: Station	5 6-18-18
Election Campaign			eturn, does your			o ao to this fun			Yes Yes	XX		Note: Checking not change	e your tax
	1		Single	<u> </u>		go to the following		7.0	The supplies	XX		reduce you	
Filing Status	2	XX	Married filing jo	oint return	(even il	only one had i	lacome)	-or Pri	zecy Act & Pa	perwork	Meaucu	tion Act Notice, see	Instruction
Check only	3		Married filing sep					ive and ful	I name here				
one box.	4									Derse	on is w	our child but not	VOUL
			dependent, en	ter child's	name h	ere.				,	, ,-	,	, you
<u></u>	5		Qualifying wide	w(er) wit	h depen	dent child(yr. s	pouse die	ed▶19). (See	page 7	7 of Ins	structions.)	
	6	XX	Yourself It so	meone (si	uch as y	our parent) car	ı claim yo	u as a d	ependent o	n his/r	er 7	No. of boxes	
Exemptions		5555	tex return	ı, do not e	check b	ox 6a. But be s	ure to chi	ack box	on line 33b	on pg.	2.	checked on 6a and 6b	2
(See -		XX						• • • • • •			<u></u>		
Instructions on page 8.)	•	Depend	dents:		(2) Check if under	(3) If age 2 or dependent's		(0.8-	lationship	(5) No		No. of your	
	OHN	(1) Name	(first; initial, and las	t name)	age 2	security nu	mber		attensnip	your h		children on 6c who:	
		STOPH	FD -			089-66-		SON	·		2	lived with you	5
	RIA		ER			105-68-1 105-68-1		BON		·	2	didn't live with	50
	EVI					060-72-		SON SON			2	or separation (se page 9)	
dependents, M	ICH					060-72-1 060-72-1		BON	-	1	2	No. of Other	_
see instructions						000 72 .	1033	BON				dependents on 6	° <u> </u>
	C	If your chi	ld didn't live with yo	u but is clai	med as yo	ur dependent und	er a pre-19	AS agrees	ent check h		\Box	add arm barr	
	•	Total nur	mber of exemptio	ns claime	d	• • • • • • • • • • • • •			A A A A A A A A A		u	Add numbers entered on lines above	7
•	7	Wages, s	salaries, tips, etc.	(attach Fo	orm(s) W	·-2)							
Income	_										7	33,2	80.
	88	Taxable	interest income (also attac	h Sched	lule B if over \$4	100)			• • •	8a		63.
Please attach			mpt interest incom				a 8b						
Copy B of your	9		I income (also att				• • • • • • •			• • •	9	1,8	
Forms W-2, W-2G and W-2P here.	11	Almone	refunds of state a	ing local (ncome t				-		10	3	68.
	12	-		fattach C	، ، ، ؤ ، ، ، حاد الدحمام						11		
ff you do not have a W-2, see	13	Capitel a	income or (loss)	ch Cobed challen S	cnedule	(C)	* * * * * * * *	• • * • • • •		• • •	12		
page 6 of	14	Capital o	ain or (loss) (atta ain distributions :	on some	ed on lie	× 42 inno		• • • • • •	• • • • • • • • • •		13	5,5	<u>38.</u>
Instructions.	15	Other gai	ins or (losses) (at	tach Forn	00:011 III n 47071	ia io (see bede	3 11)	• • • • • •	*****		14		
•	16a	Total IRA	distributions .	16a			16b T-	vahle e-	nount	•••	15 16b		<u> </u>
	17a	Total pensi	lons and annuities	17a					nount		17b		
•	18	Rents, ro	yalties, partnersh	ps, estate	es, trusts	, etc. (attach S	chedule !	Ð	******		18		
	19	Farm Inco	ome or (loss) (att	ach Sche	dule F).		• • • • • • •		****	أ	19		
•	20	Unemplo	yment compense	tion (insu	rance) (999 page 13), .	• • • • • • • •	• • • • • •	******		20		
Please	218	Social se	curity benefits.	21a			21b Ta	xable an	ount		21b		
attach check	22 ′	Other inc	ome							[
or money order here,	23	Add amo	reto obáva ta da							- 1	22		
10.0.		Your IBA de	unts shown in far	ngnt colu	imn for i	ines 7 through	22. This	is your t	otal incom	• >	23	41,1	10.
Adjustments		Spouse's 15	duction, from applic IA deduction, from a	abie works	neet on p	nge 14 or 15	. 24						
o Income		Self-amain	yed health insurance	ppiiCEDIO W	eresneet	on page 14 or 15.	. 25						
· ·			ement plan and self—										
			sarly withdrawal of s						DV				
		Allmony pair	A Recipient's tast name		•••••	*;* * * * * * * * * * * * * :		-	FI			•	
en e			al security no.	· . · . · . · . · . · . · . · . · . · . 	-		- 29 F						
See Instructions			- · · · - · · · ·				[29]						
n page 14.)	30	Add lines:	24 through 29. Ti	nese are v	your tot	al adjustments		- 			20		_
di Grinama	21	A							* * * * * * * * * * * * * * * * * * *	. – 1	30		0.

Adj. Gr. Income

31

(1980) Page 2 Tax	b	Check it: You were 65 or older Blind: Spouse was 65 or older Blind. Add the number of boxes checked and enter the total here		
Compu-	·	or you are a dual-status alien, see page 16 and check here		
tation	34,	Enter the Your standard deduction (from page 17 of the instructions), OR		
		larger		8,826.
		of: If you itemize, attach Schedule A and check here . ▶ 🔯		
•	35	Subtract line 34 from line 32. Enter the result here		35 32,284.
	36	Multiply \$2,000 by the total number of exemptions claimed on line 8e		36 14,000.
	37		100	18,284.
		Caution: If under age 14 & you have more than \$1,000 of investment income, check here and see page 17 to see if you have to use Form 8815 to figure your tax.	U	
	38	Enter tax. Check if from: a XTax Table, b Tax Rate Schedules, or C Form 8615.		
•		(If any is from Form(s) 8814, enter that amount here ▶ d .)		38 2,741.
	39	Additional taxes (see page 18). Check if from: a Form 4970 b Form 4972	[39
	40	Add lines 38 and 39. Enter the total	. •	40 2,741.
	41	Credit for child & dependent care expenses (attach Form 2441). 41		
Credits	42	Credit for the elderly or the disabled (attach Schedule R) 42		
,	43	Foreign tax credit (attach Form 1116)		
(See	44	General bush. credit. Check if from: 8 Form 44		
Instructions	45	Credit for prior year minimum tax (attach Form 8801)		
on page 18.)	46	Add lines 41 through 45. Enter the total		46
	47	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)		47 2,741.
	48	Self-employment tax (attach Schedule SE)		48
Other	49	Alternative minimum tax (attach Form 6251)	.	49
Taxes	50	Recapture taxes (see pg. 18). Check if from: 8 Form 4255 b Form 8611	-	50
	51	Social security tax on tip income not reported to employer (attach Form 4137)		51
(Including Advance EIC Payments)	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)		52
	EÒ			
Medicare	<u>53</u> 54	Add lines 47 through 52. Enter the total		53 2,741.
Premium	55	Supplemental Medicare premium (attach Form 8808)		54
Payments	56	Add lines 53 and 54. This is your total tax and any supplemental Medicare premium		55 2,741.
rayments	57	Federal income tax withheld (if any is from Form(s) 1099, check > 1) 56 2,712.		
	58	1989 estimated tax payments & amt. applied from 1988 return		
Amost France		Earned Income credit		
Attach Forms W-2, W-2G	59	Amount paid with Form 4868 (extension request)		
and W-2P	60	Excess social security tax and RRTA tax withheld 60		
to front.	61	Credit for Federal tax on fuels (attach Form 4136)		
	62	Regulated investment company credit (attach Form 2439) 62		
	63	Add lines 56 through 62. These are your total payments	. ▶ (63 2,712.
	64	If line 63 is larger than line 55, enter amount OVERPAID.		64
Refund or	65	Amount of line 64 to be REFUNDED TO YOU	▶ [65
Amount	66	Amount of line 64 to be APPLIED TO YOUR 1990 EST. TAX ▶ 66		
You Owe	67	If line 55 is larger than line 63, enter AMOUNT YOU OWE. Attach check or money order for full amount		
	68	payable to "Internal Revenue Service." Write your SSN, daytime phone number, & "1988 Form 1040" on it Penalty for underpayment of estimated tax (see page 21) 68		67
		or penalty of perjury, I declare that I have examined this return and accompanying schedules and statements,		
Sign	they	are true, obsect, and complete. Dictaration of preparer (other than taxpayer) is based on all information of whi	ch prepr	rer has any knowledge.
Here (Keep a copy	•	Your sight three Tour occupation FOREM	N	
of this return for your records.)		Spould's signature (if joint return, Both must sign) Adulted House's occupation of the House's occupation occupatio	tion	
Delet	Prepa signa	Date Check if		Preparer's social security no.
Paid	E:-=-	self-employed		110-40-2941
Preparer's	yours	HARVEY R. GLICK, CPA E.I. No.		
Use Only	addre			
		SCARSDALE, NY	058	3

(Form 1040)

Schedule A -- Itemized Deductions

1989

Department of the Treasury Internal Revenue Service Name(s) shown on Form

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Attachment Sequence No. 07

		UREEN R SWEENEY JR					ur social security no. .02-32-7058
Medical and Dental Expense	. 1: 8	A Prescription medicines and drugs, insulin, doctors, dentists, nurses,					
(Do not include	1	hospitals, medical insurance premiums you paid, etc	1a		3,4	31	-1
expenses							
reimbursed or paid by others.)			16				
(See	2	Add the amounts on lines 1a and 1b. Enter the total here	2		3,4	31	
Instructions	3	Multiply the amount on Form 1040, line 32, by 7.5% (.075)	3	1 3	, 0		
on page 23.)	4	Subtract line 3 from line 2. If zero or less, enter -0 Total medical and	denta	al	. •	_	- * 1 . 6 . 5 1 . 6 . 5 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1
Taxes You Paid	5	State and local income taxes	5		. , 5		740
(See	6	Real estate taxes		_	-7-		-
Instructions			6	4	, 2	81	
on page 24.)	7	Other taxes. >			-		
	_		7				
Budana i A M	8	Add the amounts on lines 5 through 7, Enter the total here. Total taxes	3		. •	8	5,824
Interest You Paid	98	Deductible home mortgage interest (from Form 1098) that you paid to					
		financial institutions. Report deductible points on line 10	9a	1	5	80	•
		O Other deductible home mortgage interest. (If paid to an individual,					
		show that person's name and address.) ▶		ļ			
(See							
Instructions	10	Productible and the Control of the C	9b				
on page 24.)	11	Deductible points. (See Instructions for special rules.).	10				
		Deductible Investment interest	11				
	146	reisonal interest you paid.					
		l (A)					
	b	Multiply the grount on Fox 40s by 2004 (2014)					
	13	Multiply the amount on line 12a by 20% (.20). Enter the result	12b			<u>73</u>	
Gifts to	14	Add the amounts on lines 9a through 11, and 12b. Enter the total here.	Total	interest		13	653
Charity	••	Contributions by cash or check. (If you gave \$3,000 or more to any	ı				
(See		one organization, show to whom you gave and how much.)					
Instructions on:page 25.)							
			1	_	_		
	15	Other than cash or check. (You must attach Form 8283 if over \$500.)	14	1	,7		
	16	Carryover from prior year.	15		3	00	
			16		· ,	_	
	17	Add the amounts on lines 14 through 16. Enter the total here. Total cont				4-	
Casualty, Theft	18	Casualty of theft loss(es) (attach Form 4684). (See page 26 of the Instruc	inbutic	ons	븬	17	2,001
Moving Expenses	19	Moving expenses (attach Form 3903 or 3903F). (See page 26 of the institution	Cuons.	· <u>}· · · · · · · · · · · · · · · · · · ·</u>	븬	18	<u> </u>
Job Expenses	20	Unreimbursed employee expenses. (You MUST attach Form 2106 in some cases.)	- CLO	113. /	>	19	
and Most Other Viscellaneous			ı				
Deductions	_		20				
	21	Other expenses. >					
See page 26 or expenses to			- 1				
educt here.)							
·	'		21				
	22	Add the amounts on lines 20 and 21. Enter the total	22				
-	23	Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the	一十	· · · · · · · · · · · · · · · · · · ·			
	1	result here	23		82	2.	
	24	Subtract line 23 from line 22. Enter the result. If zero or less, enter -0			_	24	0.
- rui	25 (Other. ▶			+		
liscellaneous eductions				 	-		
					÷1.		
		PPRIMA			• :	25	^
	26	Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total lenter on Form 1040, fine 34, the LARGER of this total and the latest the total lenter the total lenter the latest the late	nere.	Then	+	25	0.
ductions		Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total is enter on Form 1040, fine 34, the LARGER of this total or your standard de rom page 17 of the Instructions.	here.	Then		25 26	0. 8,826.

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

JOHN T & MAUREEN R SWEENEY JE	JOHN	Ť	£.	MAUREEN	R	SWEENEY	.TR
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102-32-7058

Part I	If you received more than \$400 in taxable interest income, you must complete Par Part I. If you received, as a nominee, interest that actually belongs to another per interest on securities transferred between interest payment dates, see page 27.	ts I and III. Lis son, or you rec	t ALL interest received in elved or paid accrued
Income	Interest Income		Amount
10	1 Interest income from seller-financed mortgages. (See Instructions and list name	of payer.)	
(See Instructions on	•		ı ·
pages 10 and 27.)	2 Other Interest Income. ▶		
	MANUFACTURERS HANOVER		63.
Note: If you received a Form			
1099-INT or Form 1099-OID from a)
brokerage firm, list the firm's			
name as the payer and enter the total interest			
shown on that form.			
	3 Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8	,	63.
,	If you received more than \$400 in gross dividends and/or other distributions on e	ock you mind	estable Barte II and III
Part II	If you received, as a nominee, dividends that actually belong to another person, s	ee page 27.	complete rans II and III.
Dividend Income	Dividend Income		Amount
HICOHIO	4 Dividend income, ▶		
(See			
Instructions on pages 10 and	UPS		875.
27.)	SHEARSON - AS NOMINEE		986.
Note: If you			
received a Form 1099-DIV from a			
brokerage firm.		4	
list the firm's			
name as the payer and enter			
the total			
dividends shown on that form.			
	5 Add the amounts on line 4. Enter the total here		
	S. Combal and Arabit a	5	1,861.
	7 At		
	8 Add the amounts on lines 6 and 7. Enter the total here		
	9 Subtract line 8 from line 5. Enter the result here and on Form 1040, line 9	8	
	* If you received capital gain distributions but do not need Schedule D to report a	▶ <u>[9</u>	1,861.
	Instructions for Form 1040, lines 13 and 14.	ny omer gains o	or losses, see the
Part III	If you received more than \$400 of interest or dividends, OR if you had a foreign ac		tod
Foreign Accounts	or a transferor to, a foreign trust, you must answer both questions in Part III.		Yes No
and	10a At any time during 1989, did you have an interest in or a signature or other author	tv over a financ	ial account
Foreign	in a foreign country (such as a bank account, securities account, or other financial	account)? (See	page 27 of
Trusts	the instructions for exceptions and filling requirements for Form TD F 90-22.1.)		XX
(See	b it "Yes," enter the name of the foreign country ▶		
Instructions on page 27.)	11 Were you the grantor of, or transferor to, a foreign trust that existed during 1989, v	whether or not y	ou have any
	beneficial interest in it? if "Yes," you may have to file Form 3520, 3520-A, or 926	••••••	XX
. J apolatik u	leduction Act Notice, see Form 1040 Instructions.	Sche	dule B (Form 1040) 1989

SCHEDULE D (Form 1040)

Capital Gains and Losses (And Reconciliation of Forms 1099-B)

OMB No. 1545-0074

1989

Department of the Treasury Internal Revenue Service

► Attach to Form 1040.

➤ See instructions for Schedule D (Form 1040).

Attachment Sequence No. 12A

► For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040). Your social security number Name(s) shown on Form 1040 102-32-7058 JOHN T & MAUREEN R SWEENEY JR

a statement explaining the Part I Short-Term Capit	al Gains and L	osses — As	sets Held One	Year or Les	3		
(8) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b)Date acquired (Mo., dey, yr.)	(C) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or o basis (se- Instruction	ther	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e) subtract (e) from (d
28 Stocks, Bonds, and Othe	er Securities (inclu	de all Form 1099	-B transactions. S	ee Instructions	J.)		
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			1				
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· · · · · · · · · · · · · · · · · · ·							<u> </u>
•				ansarannaanaraanara	7.000 CD (0.01)		
2b Amounts from Schedule I	D-1, line 2b (attach					petro scorrective rock marchine en	r Guire at orașion se se anne se anne s
2C Total (add column (d) of		▶ 20					
2d Other Transactions (Inc	**						
Transactions From Form	ns 1099-S.)	, : · · · · · · · · · · · · · · · · · · 					
				 	,		-
		<u> </u>		<u> </u>			1
3 Short-term gain from sale	• •	and the second s			3		
4 Short-term gain from inst					5		<u> </u>
5 Net short-term gain or (to	• • •	ps, 5 corporation	s, and liquicianes	*******	6		
Short-term capital loss orAdd all of the transactions	•	and Ad and lines A	transporter de la continua	- (0 and (a)	1 7	 	
			_	is (i) suid (8)	, ,	1(<u> </u>
- trat chart torns cain as fla		(A and (a) at	Eng'9				1
			ine 7				
ari II Long-Term Capi	tal Gains and	Losses — As	sets Held Mor	e Than One	Yea		
ari II Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and er Securities (Incli	Losses — As ude all Form 109	sets Held More	Than One	Yea s.)		5.538
ari II Long-Term Capi	tal Gains and er Securities (Incli	Losses — As	sets Held More	e Than One	Yea s.)		5,538
art II Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and er Securities (Incli	Losses — As ude all Form 109	sets Held More	Than One	Yea s.)		5,538
art II Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and er Securities (Incli	Losses — As ude all Form 109	sets Held More	Than One	Yea s.)		5,538
art II Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and er Securities (Incli	Losses — As ude all Form 109	sets Held More	Than One	Yea s.)		5,538
art II Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and er Securities (Incli	Losses — As ude all Form 109	sets Held More	Than One	Yea s.)		5,538
art II Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and er Securities (Incli	Losses — As ude all Form 109	sets Held More	Than One	Yea s.)		5,538
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ari II Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and er Securities (Incli	Losses — As ude all Form 109	sets Held More	Than One	Yea s.)		5,538
ari III Long-Term Capi 9a Stocks, Bonds, and Oth	tal Gains and ar Securities (Incli	Losses — As ude all Form 109 8/17/89	sets Held More	Than One	Yea s.)		5,538
ari II Long-Term Capi 98 Stocks, Bonds, and Oth RAMADA	tal Gains and ar Securities (Inclinated Inclinated Inc	Losses — As ude all Form 109 8/17/89	sets Held More B-B transactions. S 13,527	Than One	Yea s.)		5,538
Pari II Long-Term Capi 98 Stocks, Bonds, and Other RAMADA 9b Amounts from Schedule	tal Gains and er Securities (included in 10/24/85) 10/24/85 D-1, line 9b (attach lines 9a and 9b)	Losses — As ude all Form 109 8/17/89	sets Held More P-B transactions. S 13,527	Than One	Yea s.)		5,538
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DORN T & MAUREEN R SWEENEY JR Part III Summary of Parts and	5,538
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the gain or Form 1040, line 13. if the result is a (loss), go on to line 19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the amaller of: The (loss) on line 18; or b (\$3,000) or, if married filling a separate return, (\$1,500). Note: When figuring whether 19a or 19b is amaller, treat both numbers as if they are positive. Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filling a separate return), OR if taxable income on Form 1040, fine 37, is zero. Part.IVI Figure Your Capital Loss Carryovers From 1989 to 1990 Section A Figure Your Carryover Limit Enter taxable income or loss from Form 1040, line 37. (if Form 1040, line 37, is zero, see the instructions for the amount to enter.) Note: For lines 21 through 36, treat all amounts as positive. 21 Enter the loss shown on line 19 22 Enter the amount shown on Form 1040, line 36. 23 Combine lines 20, 21, and 22. if zero or less, enter zero. 24 Enter the smaller of line 21 or line 23. Section B Figure Your Short-Term Capital Loss Carryover (Complete this section only if there is a loss shown on line 8 25 Enter the gain, if any, shown on line 17. Enter the amount shown on line 24. Ad dines 26 and 27 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Your Long-Term Capital Loss Carryover from 1989 to 1990 Section C Figure Yo	5,538
19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of: 8 The (loss) on line 18; or b (\$3,000) or, if married filing a separate return, (\$1,500). Note: When figuring whether 19a or 19b is smaller, treat both numbers as if they are positive. Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero. Part.IV. Figure Your Capital Loss Carryovers From 1989 to 1990 Section A. — Figure Your Carryover Limit 20 Enter taxable income or loss from Form 1040, line 37. (if Form 1040, line 37, is zero, see the instructions for the amount to enter.). Note: For lines 21 through 36, treat all amounts as positive. 21 Enter the loss shown on line 19 22 Enter the amount shown on Form 1040, line 36. 23 Combine lines 20, 21, and 22. If zero or less, enter zero. 24 Enter the smaller of line 21 or line 23. Section B. — Figure Your Short-Term Capital Loss Carryover (Complete this section only if there is a loss shown on line 8 and line 19. Otherwise, go on to Section C.) Enter the loss shown on line 24. 25 Enter the gain, if any, shown on line 27. 28 Subtract line 28 from line 25. If zero or less, enter zero. This is your short-term capital Loss Carryover (Complete this section only if there is a loss shown on line 17 and line 19.) Section C. — Figure Your Long-Term Capital Loss Carryover (Complete this section only if there is a loss shown on line 17 and line 19.) 10 Enter the loss shown on line 18. 30 Enter the loss shown on line 19. 11 Enter the loss shown on line 8. 12 Enter the gain, if any, shown on line 8. 31 Enter the gain, if any, shown on line 8. 31 Enter the gain, if any, shown on line 8.	
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34 1	
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1989 to 1990	
Report a Note or Other Obligation at Less Than Full Face Value	
37 Check here if you elect out of the Installment method	
Enter the face amount of the note or other obligation	▶∐
39 Enter the percentage of valuation of the note or other obligation	
WALLAND ROCONCIA FORMS 1000. B for Bostosing Transport	
(Complete this part if you received one or more Form(s) 1099-B or an equivalent substitute	ring income
1 CQUIVAIGN 81	stement
statement(s) reporting bartering income.) Form 1040, line 22	TOT SCHEQUIE
To Cohodulo O IP 40 401	
17 Cabadula D. (Carana Anna)	
12 Cabada E (Form deca)	
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6 Total (add lines 40 through 45)	
Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and equivalent statements re	Market .

For the year Jan	Dec. 31, 1	988, or other tax year beginning	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,198	8, ending	,19	OMB No. 1	
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print R or type. E		HYDE PARK, NY					For Pr	ivacy Act and Partion Act Notice, s	perwork
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Check only one box.	3 4	Married filing separa Head of household.	If qualifying per	son is your child but	not your de	pendent, enter name.			
	5	Qualifying widow(er) with depende	ent child (yr. spou	se died >	19). (See par	e 7 of Inst	ructions)	
C	6a	XX Yourself It someone G	on claim you as a	dependent, do not ch	eck 6a. Bu	t he sure to shook the be	x on line 11h	No. of boxes	
Exemptions			• • • • • • • • • • •			•••••••••	• • • • • • • •	checked on &a	2
(See Instructions	(Dependents: (1) Name (first, initial, and las	(2) Cr t name) if un age	der dependent	SOCIAL	(4) Relationship	(5) No. of mo. aved in your home	1	
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191.	BRI			105-68-	5427	SON	12	you due to divorce or separation	0
If more than 6 dependents, see	KEV			060-72-	1191	SON	12	No. of other	
Instructions on	MIC	HAEL		060-72-	1035	SON	12	dependents listed	0
page 8.									
	a :	f your child didn't live with you bu	t is claimed as yo	ur dependent under a	pre-1985 a	greement, check here .	▶	Add numbers	
	7 \	Total number of exemptions of	laimed			• • • • • • • • • • • • • • • •	<u> </u>	entered on lines above	7
Income	, ,	Wages, salaries, tips, etc.(atta	ich Form(s) W	-2)					
	8a 7	Tavable interest income (ale	awaah Oak				1 7 1	33,28	30.
Please attach	b 7	Taxable interest income (also Tax-exempt interest income	allach Sched	ule B II over \$400)	• • • • • • • • • • • • • • •	8a	59	3.
Copy B of your	9 0	Dividend income (also attach	Schodulo 2 ii :	JNT include on line 8	80	•			
Forms W-2, W-2G, and	10 T	Dividend income (also attach	al income towe	over \$400)		• • • • • • • • • • • • • • • • • • • •	. 9	1,59	14.
W-2P here.	11 A	Faxable retunds of state & loc Nimony received	au income table	is, it any, trom wo	rksheet o	n pg. 11 of Instructio	ns 10	28	2.
If you do not	12 B	Vimony received	ach Cohadula	· · · · · · · · · · · · · · · · · · ·	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	11		
have a W-2,	13 c	Business income or (loss) (att. Babital dain or (loss) (attach S	chedule Di	()	• • • • • • •		12		
see page 6 of Instructions.	_	Capital gain or (loss) (attach S	enedule D)		•••••	•••••••	. 13		
mosacoons.	15 0	apital gain distributions not r	eboited ou mik	ยาง (see page 11)				
	16a T	Other gains or (losses) (attach otal IRA distributions	16a	••••••••					
		otal pensions and annuities	17a 4	<u></u>	16b Ta	axable amount			
				ata familia Dil	_ 1/DTa	axable amount	. 17b		
1.	19 F	ents, royalties, partnerships, arm income or (loss) (attach	osiaios, irusis, Schodulo El	eic. (attach Sche	đule E)		. 18		
	20 U	nemployment compensation	(insurance)	• • • • • • • • • • • • • • •	• • • • • • •	************	. 19		
•	21a S	nemployment compensation ocial security benefits (see page)	(moorance)	***********	latal	• • • • • • • • • • • • • • • • • • •			
Please	b Ta	exable amount, if any, from the	e worksheet o	n nana 13	218				
attach check or money	22 0	ther income		haile iér i i .	•••••	*******	. 21b		
order here.									
	23 Ac	dd amounts shown in the far	right column fo	or lines 7 through	22 This i	n weige And I I	22		
	24 Re	aimbursed employee busines	s exp. from Fo	rm 2106 line 12	24	s your total income	▶ 23	35,749	9.
Adjustments	25a Yo	our IRA deduction, from appli	C. worksheet c	In hane 14 or 15	250				
to income	b Sp	couse's IRA ded., from applic	. worksheet o	1 0800 14 or 15	25h	· · · · · · · · · · · · · · · · · · ·	_		
•	26 Se	alf-empl. health insurance de	duction from	Morksheet na 45	26			•	
-	27 Ke	ogh retirement plan and self-	emol SFP de	iduction	27				
(See	28 Pe	inalty on early withdrawal of s	avings		28		_		
Instructions on page 13.)	29 Atir	many and a fecipient's					_		-
hada 12')		social security no.			29			41D1	
•				···································	29			JUL	
	30 Ad	d lines 24 through 29. These	are your total	adlijetmente					_
Adj. Gr. Inc.	31 Su	btract line 30 from line 23. Tr	is is your adle	sted prose in-	<u> </u>	• • • • • • • • • • • • • • • • •			<u>). </u>
			1001 0010	Great Rings INCOL			▶ 31	35 740	

Form 1040	(1988)	•	•	
-	32	Amount from line 31 (adjusted gross income)		Pag 35.749
Tax	33	8 Check if: You were 65 or older Blind: Spouse was 65 or older Bli	,	32 35,749.
Compu-		Add the number of boxes checked and enter the total here	13300	
tation		D If someone (such as your parent) can dolor you as a demandant		-
•	-	C If you are married filling a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here	> 33c∏	
•	34	Enter the Your standard deduction (from page 17 of the instructions), OR		
		larger Your Itemized deductions (from Schedule A, line 26)	L	34 8.543
		of: If you itemize, attach Schedule A & check here ▶ 🕅	P	
	35	Subtract line 34 from line 32. Enter the result here.		
	36	Multiply \$1,950 by the total number of exemptions claimed on line 6e	•••••••••	35 27,206.
	37	Taxable Income. Subtract line 36 from line 35. Enter the result (if less than zero,		36 13,650.
		Caution: If under age 14 and you have more than \$1,000 of investment income,	enter zero).	37 13,556.
		and see page 17 to see if you have to use Form 8615 to figure your tax	,cueck ▶ ∐	
	38	Enter tax. Check if from: Tax Table, Tax Rate Schedules, or Form 8615	to .	
	39		• • • • • • • • •	38 2,036.
	40	Additional taxes(see pg. 17). Check if from: Form 4970 Form 4972 Add lines 38 and 39. Enter the total		39
	41	Credit for child & dependent care expenses(attach Form 2441) 41	<u></u>	40 2,036.
Credits	42	Condition that the state of the		
•	43	English Annual State of the Control		
/See	44	Geograf business gradit of the Community Commu		
Instructions	45	General business credit Check if from: 5000 or Form 44		
on page 18.)	, 40	Credit for prior year minimum tax (attach Form 8801) 45		
9 %	46	Add the second		
	47	Add lines 41 through 45. Enter the total		46
	48	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)	>	47 2,036.
Other		Self-employment tax (attach Schedule SE)		48
Taxes	49	Alternative minimum tax (attach Form 6251).		49
IAAUS	50	Recapture taxes (see pg. 18). Check if from: Form 4255		50
(Including	51	Social security tax on tip income not reported to employer (attach Form 4137)		51
(Including Advance EIC	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)		52
Payments)				
	53	Add lines 47 through 52. This is your total tax		53 2,036.
Da	54	red. Inc. tax withheld(if any is from Form(s) 1099, check 1) 54	779.	2,036.
Payments	55	1988 estimated tax payments & amt. applied from 1987 return 55		
A	56	Earned income credit		
Attach Forms	57	Amount paid with Form 4868 (extension request)		
W-2, W-26, and W-2P	58	Excess social security tax and RRTA tax withheld		
to front.	59	Credit for Federal tax on fuels (attach Form 4136).		
	60	Regulated investment company credit (attach Form 2439) 60		
	61	Add lines 54 through 60. These are your total payments		
	62	" line of is targer than line 53, enter amount OVERPAID		61 2,779.
Refund or	63	Amount of line 62 to be REFUNDED TO YOU	<u> </u>	62 743.
Amount	64	Amount of line 62 to be applied to your 1989 estimated tax ▶ 64	▶	63 743.
You Owe.	65	If line 53 is larger than line 61, enter AMOUNT YOU OWE. Attach check or money (
		full amount payable to "Internal Revenue Service." Write your social security number	order for	
		phone number, and "1988 Form 1040" on it.	1484	
		Check ► III Form 2210 (2210F) is all See page 24. Beautiful	700	65
D1				
Please	they are t	ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	ents, and to the	best of my knowledge and belief,
Sign	N You	Bignature 1 1		r nas any knowledge.
Here		Manual Control Your	occupation	
	Soo		REMAN	
		ise's signature (if joint return, BOTH must sign) Date Spour	se's occupatio	n
		731/57 HOI	USEWIFE	
Paid	Preparer signature	Deta		Preparer's social sec. no.
Preparer's		Self-e	mployed 🕅	110-40-2941
Use Only	Firm's na yours it s	me (or LARVEY R. GLICK, CPA	E.I. No.	1 7 40-634T
	employe	and 106 DONNYBROOK RD	ZIP code	
	addross	SCARSDALE, NY	1058	· · · · · · · · · · · · · · · · · · ·

SCHEDULE A (Form 1040)

Schedule A -- Itemized Deductions

OMB No. 1545-0074

1988

Dept. of the Treasury Internal Revenue Service Attach to Form 104

➤ Attach to Form 1040. ➤ See Instructions for Schedule A (Form 1040).

Sequence No. 07

Name(s) as sho	wn o	n Form 1040	•	1		ocial security number
	Α	ND MAUREEN R SWEENEY JR		<u> </u>	02-	32-7058
Medical and		Prescription medicines and drugs, insulin, doctors, dentists, nurses,				
Dental Expense	35	hospitals, medical insurance premiums you paid, etc	1a	<u> </u>		
(Do not include	b	Other▶				
expenses reimbursed or			1			
paid by others.			1b 2	<u> </u>		
(See	2	Add lines 1a and 1b, and enter the total here	3	2., 6	01	
Instructions on page 23.)	3	Multiply the amount on Form 1040, line 32, by 7.5% (.075)			4	0
	4		5	1,5	_	
Taxes You Paid	5 6	State and local income taxes	⊢∸			
	0	Real estate taxes \$ 3.0 & 0	6	3,8	66	
(See Instructions	7	Other taxes ▶	 			
on page 23.)	•		7			
•	8	Add the amounts on lines 5 through 7. Enter the total here. Total taxes .			8	5,426
Interest You		Note: New rules apply to the home mortgage interest deduction.				
Pald		See Instructions.		-		
	9 a	Deductible home mortgage interest you paid to financial institutions				
		(report deductible points on line 10)	9a	6	34	
	t	Deductible home mortgage interest you paid to individuals ▶		•		
(See						
Instructions on page 24.)			9b	-		
	10	Deductible points. (See Instructions for special rules.)	10			
	11	Deductible investment interest	11		B1600 B100	
	128	Personal Interest you paid MARINE MIDLAND \$363	1			
		CREDIT CARDS \$384				
		12a 747	12b		99	
		Multiply the amount on line 12a by 40% (.40). Enter the result			13	933
Gitts to		Contributions by cash or check. (If you gave \$3,000 or more to any one	1	1		
Charity		organization, show to whom you gave & how much you gave.)		ŀ		
1600		See attached schedule	1			
(See Instructions	•		1			
on page 25.)			14	1,7	09	
	15	Other than cash or check. (You must attach Form 8283 if over \$500.)	15		75	
		Carryover from prior year	16	 		
	17	Add the amounts on lines 14 through 16. Enter the total here. Total contril	outions	§ .	17	2,184
Casualty, Theft	18	Casualty or theit loss(es) (attach Form 4684). (See page 25 of the Instructi	ons.) .		18	0
Moving Exp.		Moving expenses (attach Form 3903 or 3903F). (See page 26 of the Instru)	19	0
Job Expenses and Most Othe		Unreimbursed employee expenses. (You MUST att. Form 2106 in some cases.)	1			
Miscellaneous	•		1			
Deductions	.		20			
(See page 26	21	Other expenses	1		1	
for expenses to			-	I .		
deduct here.)	•		21			
	22	Add the amounts on lines 20 and 21. Enter the total	22	 		
		Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the result	144	 	-	
			23	,	15	
		NOTO.				
		Subtract line 23 from line 22. Enter the result (if zero or less, enter zero) Other ▶	• • • • •	· · · · · · · · · · · · · · · · · · ·	24	
Other Miscellaneous	23					
Deductions				<u> </u>	25	0
Total Hamilton	26	Add amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter total here. The	n eni			
Deductions		line 34, the LARGER of this total or your standard deduction from page 17			26	8,543
					,	, -, -, -, -, -, -, -, -, -, -, -, -, -,

Schedule B -- Interest and Dividend Income

Attachment Sequence No. 08

OMB No. 1545-0074

Name(s) as shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

JOHN	T	AND	MAU	REEN	R	SWEENEY	TD.

102-32-7050

			-32-7038
Part I Interest Income (See Instructions on	If you received more than \$400 in taxable interest income, you must complete Part I and received. You must report all taxable interest on Form 1040, even If you are not required III. If you received, as a nominee, interest that actually belongs to another person, or you interest on securities transferred between interest payment dates, see page 27.	Part III a to compi receive	nd list ALL interest lete Part I and Part d or paid accrued
pages 10 and 26	Interest income		
	1 Interest income from seller-financed mortgages. (See instructions and list name of payer.)		Amount
	> The result of payer.)		
	2 Other interest income ► LONG ISLAND SAVINGS BANK	- 1	
Alexana Mirror	MANUFACTURERS HANOVER	-	79
Note: If you received a Form	- Canto Vall	.	514
1099-INT or		.	• .
Form 1099-OID		.	
from a		.	
brokerage firm, list the firm's		. .	
name as the		. 2 [
payer and enter		. I L	
the total interest		. [
shown on that		1 [
y motitie.		. • [
	3 Add the emounts on lines 4 and 5	L	
Part II	3 Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a		593
Dividend Income	If you received more than \$400 in gross dividends and/or other distributions on stock, con iii. You must report all taxable dividends on Form 1040, even if you are not required to cor iii. If you received, as a nominee, dividends that actually belong to another person, see pa	iplete Pa nplete Pa ge 27.	rt il and Part urt il and Part
Instructions on	Dividend Income		Amount
pages 11 and	4 Dividend income ► SHEARSON - AS NOMINEE		Amount
27.)	UPS	 -	949
		1 · -	645
Matault		1 1	
Note: If you received a Form		-	
1099-DIV from a		I ⊢	
brokerage tirm,		-	
list the firm's		<u> </u>	
name as the		4	·
payer and enter the total		│	
dividends shown		-	
on that form.			
		_	
		<u> </u>	
•	5 Add the amounts on line 4. Enter the total here		
	6 Capital gain distributions. Enter here and on line 13 Schedule De le	5	1,594
	Nontaxable distributions. (See Schedule D Instructions for adjust a second seco		
	Add the amounts on lines 6 and 7. Enter the total here		
	9 Subtract line 8 from line 5. Enter the result here and on Form 1040 line 8	8	
* If you received capital a	rain distributions a second of the second of	_9	1,594
	pain distributions but do not need Schedule D to report any other gains or losses, enter your capital gain distributions	on Form so	dA line ad
	O YOU LOUGHY BU INDIA THAN TARA AT LALAMAN A L		-0, and 14,
Foreign (grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.	ere a	
Accounts :	10 At any time during the tay year did		Yes No
Foreign	10 At any time during the tax year, did you have an interest in or a signature or other authority over account in a foreign country (such as a bank account to country).	a financ	ial
Trusts		ount)? (S	
(See	TO CAN ADDITION OF THE PARTY OF		···· XX
	" 'S' SING US IKANE OI INE IOCEION COUNTY L		
on page 27.)	11 Were you the grantor of, or transferor to, a foreign trust which existed during the current tax yes	Br. whath	er or
		326	er or
	Copyright Forms Software Only, 1986 Nelco, Inc. 0116, H722	annia t	(Form 1040) 1988

SUPPLEMENTAL SCHEDULE FOR SCHEDULE A

TOHN.	d)	CINA	MAUREEN	D	CUPENEV	TD.
OCILL	-	m	THUREIT		OMEENEL	UK

102-32-7058

CONTRIBUTIONS BY CASH OR CHECK (line 14):

Description	Amount
NOTRE DAME CHURCH	950
VARIOUS	759
TOTAL	1,709

P	, the	ar JanDec. 31, 1990, or other tax year i	edinnina	. 11	990, end	fing	اه	19	OMB. No. 1545	-0074
1	ye			• • •			1		ocial security no.	,
BOBE	RT :	SWEENEY					L	10	2-32-6575	
IS B RODE!				·			1	pous	e's social securit	y no.
ther- 1 1385	YO	RK AVENUE		•			L			
lease E NEW		K, NY 10028					П	For Pr	rivacy Act and work Reduction A	lct
rint A							<u>l</u> i	Notice	s, see instructions	<u>s. </u>
Presidential		Do you want \$1 to go to this fund	7			Yes	XX	No	Note: Checking Yes not change yo	
Election Campaign	•	If joint return, does your spouse w	rant \$1 to g	go to this fund?	• • • •	Yes		No	reduce your r	
	1	XX Single. (See page 10 to 1	ind out if y	ou can file as head	of ho	usehold.)				
Filing Status	2	Married filing joint return								
Check only	3	Married filling separate return.	Enter spous	e's social security no.	above i	ind full name here. 🕨 _				
one box.	4	Head of household (with	qualifying	person). (See pag	e 10.)	if qualifying person	s yo	ur chi	id but not your dep	penden
•		enter child's name here.	>							
	5	Qualifying widow(er) with	n depende	nt child (yr. spouse	died	▶19). (See pa	ge 1	0.)	<u> </u>	
	6a	XX Yourself If your parent	(or someor	ne else) can claim y	you as	a dependent on his	or t	er 🗌	No. of boxes checked on 8a	_
Exemptions		tex return, do	not check !	box 6a. But be sur	e to ct	eck box on line 33b	, pg.	2.	and 6b	<u> 1</u>
	b	Spouse			• • • • •	* * * * * * * * * * * * * * * * * * *		لين		
(See Instructions	C	Dependents:	(2) Check	(3) If age 2 or older,		(4) Dependent's		ived in	No. of your children on 6c	
on page 10.)		(1) Name (first, initial, and last name)	if under age 2	dependent's social security number		relationship to you		home 190	who:	
									• lived with you	0
									 didn't live with you due to divorce 	
									or separation (see	0
If more than 6									page 11) No. of other	
dependents,									dependents on 6c	
see Instructions			1				Ī			
on page 11	d	if your child didn't live with you but is cl	almed as you	ir dependent ûnder a p	re-198	5 agreement, check here		-	Add numbers entered on	
•		Total number of exemptions clain							lines above	1_
	7	Wages, salaries, tips, etc. (attach F								
Income		•						7	31,20	0.
	8a	Taxable interest income (also attr	ch Sched	ule B if over \$400)				8a		
Attach Copy B of your	b	Tax-exempt interest income (see pages)	ge 13). DON''	l'include on line 8a	8b					
Forms W-2, W-2G,	9	Dividend income (also attach Sch						9		
and W-2P here.	10	Taxable refunds of state and local	i income te	exes, if any, from w	orksh	eet on page 14	•••	10		
Mineral de med	11	Alimony received						11		
If you do not have a W-2, see	12	Business income or (loss) (attach	Schedule	C)			• • •	12		
page 8.	13	Capital gain or (loss) (attach Scho	edule D)				• • •	13		
	14	Capital gain distributions not repo	orted on lin	e 13 (see page 14))			14		
	15	Other gains or (losses) (attach Fo	rm 4797) .					15		
Attach check or	16a	Total IRA distributions 16a				able amount (see page		16t		
money order on top of any Forms	17a	Total pensions & annuities 17a				able amount (see pag		17t		
W-2, W-2G, or	18	Rents, royalties, partnerships, est						18	<u> </u>	
W-2P.	19	Farm income or (loss) (attach Sc						19		
	20	Unemployment compensation (in						20		
	21a	Social security benefits . 21a		21	b Tex	able amount (see pg.	10).	21t		
	22	Other income		· · · · · · · · · · · · · · · · · · ·						
								22		
	23	Add amounts shown in far right of	column for			is your total income	•	23	31,20	,,,
•		Your IRA deduction, from applicable		· · · · ·	24a	· · · · · · · · · · · · · · · · · · ·		4		
Adjustments	b	Spouse's IRA deduction, from applicab			24b	400,00				
to income	25	One-half of self-employment tax	(see page		25	<u> </u>				
	26	Self-employed health insurance deduc	tion, from wo		26					
	27	Keogh retirement plan and self-e			27					
	28	Penalty on early withdrawal of sa			28					
	29	Alimony paid. Recipient's SSN			29					
(See			-							_
Instructions on page 17.)	30	Add lines 24a through 29. These	are your t	otal adjustments.			, ▶	30		0.
Adl Calacomo	31							31	31,20	00.

TOTAL 1040 (185	iu).				<u> </u>		- Page
_	32			<u></u>	· · <u>· · · · · </u>	32	31,200.
Tax	338	Check If: You were 65 or older Blind; Spou	se was 65 or old	er 🗌 Blind.			
Compu-	_	Add the number of boxes checked above and enter the	total here	> 33	Ba (0		
tation	ļ	If your parent (or someone else) can claim you as a dep	endent, check h	ere ▶ 33	3b		
•	•	If you are married filing a separate return and your spou or you are a dual-status alien, see page 19 and check i	ise itemizes dedu iere	ctions, > 3	}c∏		
If you want IRS		→ Your standard deduction (from the ch		· —	_		
to figure your	34	Enter the on page 20 that applies to you), OR				34	3,250.
tex, see		larger Vour Hemized deductions from Scho	dule A. line 27).	P			
Instructions on page 19.		of: If you itemize, attach Schedule A and c	•	▶ □			
P-8- 10.	35	Subtract line 34 from line 32.				35	27,950.
	36	Multiply \$2,050 by the total number of exemptions claim				36	2,050.
	37	Taxable Income. Subtract line 36 from line 35. (If line 36				37	25,900.
	38	Enter tax. Check if from: 8 Tax Table, b Tax Rate Sc					23,900.
		(If any is from Form(s) 8814, enter that amount here > d		rom ou 13 (see pi	ge 21)	38	4,731.
•	39	Additional taxes (see pg. 21). Check if from: 8 Form		Form 4972	• • • • • •	39	4,731.
	40	Add lines 38 and 39				40	4,731.
	41	Credit for child & dependent care exp.(attach Form 2441)		* * * *	••••	40	4,/31.
Credits	42	Credit for the elderly or the disabled (attach Schedule R)					
0.00	43	Foreign tax credit (attach Form 1116)					
(See	44		44	·			
Instructions	45	General bush. credit. Check if from: 8 Form Form Sacro Form					
on page 21.)	46	Credit for prior year minimum tex (attach Form 8801)	45				•
	47	Add lines 41 through 45.	40	• • • • • • • • • • •	•••••	46	
	48	Subtract line 46 from line 40. (If line 46 is more than line				47	4,731.
Other	_	Self-employment tax (attach Schedule SE)				48	
	49	Alternative minimum tax (attach Form 6251)				49	
Taxes	50	Recapture taxes (see pg. 22). Check if from: a Form		Form 8611		50	
	51	Social security tax on tip income not reported to employ				51	
	52	Tax on an IRA or a qualified retirement plan (attach Forn				52	
	53	Advance earned income credit payments, from Form W-	.2	• • • • • • • • • • • •		53	
							•
•			·				
	<u>54</u>	Add lines 47 through 53. This is your total tax			` ▶	54	4,731.
Payments	55	Federal income tax withheld (if any is from Form(s) 109					
		check ▶ ∐)	55	4,58	7		
	56	1990 est. tax payments and amount applied from 1989 n					
	57	Earned Income credit	57				
Attach Forms	58	Amount paid with Form 4868 (extension request)					•
W-2, W-2G,	59	Excess social security tax and RRTA tax withheld (see po	, , <u></u>				
and W-2P	60	Credit for Federal tax on fuels (attach Form 4136)					
to page 1.	61	Regulated investment company credit (attach Form 2439) 61		·		
-		<u> </u>					
- ,	62	Add lines 55 through 61. These are your total payments			▶	62	4,587.
	63	If line 62 is more than line 54, enter amount OVERPAID			▶	63	
Refund or	64	Amount of line 63 to be REFUNDED TO YOU	• • • • • • • • • • • • • • •		▶[64	
Amount	65	Amount of line 63 to be APPLIED TO YOUR 1991 EST. 7	TAX ► 65				
You Owe	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attac	h check or money or	der för full amour	t pay-		
		able to "internal Revenue Service." Write your name, address, SSN, (daytime phone no., &	L "1990 Form 1040	on it	66	144.
	67	Estimated tax penalty (see page 25)	67				
Sign	Under	penalties of perjury. I declare that I have examined this return and a	ccompanidos echad	ules and statemen	ts, and to t	he best of my l	knowledge and belief.
Here	inek	re true, correct, and complete. Declaration of preparer (other than ta	opayer) is based on a	all information of	which prep	arer has any kr	owiedge.
	\ '	our signature	Date	Your occupati	0 <i>1</i> 1		
Keep a copy of this return	7		·	EXECU	TTVE		•
or your	A 3	pouse's signature (if joint return, BOTH must sign)	Date	Spouse's occi			
ecords.	7	•		1.			
	Prepa	er's	Date	1		Preparer's so	cial security no.
Paid	signat		1	Check if self-employe		•	0-2941
Preparer's	Firm's name (or HARVEY R. CLICK CDA						0-2341
Jse Only	yours if self-employed) and address E.i. No. ZIP code						
		SCARSDALE, NY			 1058	2	
				ľ	エハコロ	ون ز	

Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return

,	For the	year J	lanD	ec. 31, 1989, or other	tax year	beginning		, 1989, er	nding			11	,	OMB. No. 1545	5-0074
Use A RO	BERT	SW	VEE	NEY									10	ocial security no. 2-32-6575	
A100' LI'	85 Y	ORK	(A)	VENUE								Sp	ous	e's social security	/ NO.
print R print E or type. NE	W YO	RK,	_N	10028											
Presidential Election Campaign			-	vant \$1 to go to ti turn, does your s					\vdash	Yes		XX	No No	Note: Checking Yes not change your reduce your n	our tax or
Filing Status	1	2	ίX	Single					For Pr	iyecy A	ct & Pape	rwark R	educi	tion Act Notice, see ins	tructions
	2	L		- ·		-	only one had inco								•
Check only one box.	3	ŀ				**	use's social security								
	-		- 1	dependent, ente	-		-	page 7 c	of Inst.) IT QU	amying	person	i is yo	our child but not yo	our
_	5	ŀ		•		•	ent child(yr. spou	ısa diad	10		(See n	ono 7 /	of Inc	structions.)	
	6	a b	α				ur parent) can cla							No. of boxes	
Exemptions		- <u>г</u> ь Г		tax return	do no	-	6a. But be sure	to chec	k box	on lin	в 33 b о		- 1	checked on 6a and 6b	1
(See Instructions			epend	lents:		(2) Check	(3) If age 2 or olde		• • • • •		· · · · · T	(5) No. c		No. of your	,
on page 8.)			•	first, initial, and last	name)	if under age 2	dependent's soci		(4) R	elations		no. lived	me	children on 6c who:	
		<u> </u>										in 198	ــــــــــــــــــــــــــــــــــــــ	• Ryed with you	0
												· · · · · · · · · · · · · · · · · · ·		didn't live with	
If more than 6									·	· · · · · ·				you due to divorce or separation (see page 9)	0
dependents,		:								-				No. of Other dependents on 6c	0
see instructions on page 8.															
	•	d if yo	our chil	d didn't live with you	but is ci	aimed as you	r dependent under a	pre-198	5 agree	ment, c	hock her	. Þ		Add numbers	
				nber of exemption				*,*,* *,* *						entered on fines above	1
lacere.	7	Wa	ges, s	salaries, tips, etc.(attach I	Form(s) W-	-2)					∥			_
Income	0.	- -	-abla	Internat Income for		ab Cabad	da 9 8 4404		·			┷┟	7	28,50	0.
	_			interest income (a			•		• • • • •	• • • • •	•••••		8a		
Please attach	9			income (also atta									9		
Copy B of your Forms W-2, W-	40			refunds of state a								• •	10		
and W-2P here.	11			received									11		
If you do not ha	, 12			income or (loss)									12		
a W-2, see	" 13	Cap	oital g	ain or (loss) (attac	h Sche	edule D) .							13		
page 6 of Instructions.	14	Cap	oital g	ain distributions r	ot repo	rted on lin	e 13 (see page 1	1)					14		
11100 0000110,	15			ins or (losses) (at		rm 4797)							15		
				distributions .	16a						t	-	16b		
and a second of				ons and annuities	17a				•		t		17b		
ľ	18 19			yalties, partnershi ome or (loss) (atta									18		
	20			yment compensa									19 20		لــــــــــــــــــــــــــــــــــــــ
ļ	218			curity benefits .							t		21b		
Please attach check or money	22			ome									22		
order here.	23	Add	amo	unts shown in far	right o	olumn for li	nes 7 through 22	. This i	s your	total	Income	_	23	28,50	0.
	24	Your	IRA d	eduction, from applic	able wor	ksheet on pa	ige 14 or 15	24				***************************************			
Adjustments		Spor	use's ii	RA deduction, from a	pplicable	worksheet (on page 14 or 15	25	1981						
to income	26	Self-	-empli	yed health insurance	deducti	ion, from wa	ksheet on pg. 15	26							
	27			ement plan and self-				27							
	28			early withdrawal of s	avings .	• • • • • • • •		28						İ	
	29			id Recipient's	· · · · · ·										
(See		and	D soci	al security no.				29							
Instructions	20	<u> </u>	1 6	04 through an -	basa -	- A 4	al authoratus duras								٠.
on page 14.)	<u>30</u> 31			24 through 29. T									30		<u> </u>
Adj. Gr. Income	JI	JUD	ルロロしし	ine 30 from line 2	J. IIIIS	IS YOU! AD!	usteu uross inc	viiid					31 I	28.500	Ja

RO	BERT	SWEENEY					102-32-6575
Form 1040	32	Amount from line 31 (adjusted gross income)		· <u>·</u> ····	· · · · · <u>· · · ·</u>	32	28,500.
(1989) Page 2	33a	Check if: You were 65 or older Blind: Spouse	was 65 or older	Blind.			
rago E		Add the number of boxes checked and enter the total here		>	33a O		
Tax	0	If someone (such as your parent) can claim you as a depe If you are married filing a separate return and your spouse	indent, check he itemizes deduct	re. > ions.	33b		
Compu-		or you are a dual-status alien, see page 16 and check her		>	33c 📗		
tation	34	Enter the Your standard deduction (from page 17	of the instruction	18), OR 🐣	1		
		larger			> ······	34	المتراز والمستحد والمستحد والمستحد والمرازي
		of: If you itemize, attach Schedule A and che	_	_	j		
	35	Subtract line 34 from line 32. Enter the result here				35	
	36	Multiply \$2,000 by the total number of exemptions claimed				3€	
	37	Taxable Income. Subtract line 36 from line 35. Enter the r	•		·	37	7 23,400.
		Caution: If under age 14 & you have more than \$1,000 of and see page 17 to see if you have to use Form			x nere >∐		
	38	Enter tax. Check if from: 8 1 Tax Table, b Tax Rate So		-	É		
	-	(If any is from Form(s) 8814, enter that amount here ▶ d	medues, or off	1	· •	38	
	39	Additional taxes (see page 18). Check if from:	70 b For	'' n 4972		39	
	40	Add lines 38 and 39. Enter the total				40	
	41	Credit for child & dependent care expenses (attach Form 24					
Credits	42	Credit for the elderly or the disabled (attach Schedule R).	· ——				
•	43	Foreign tax credit (attach Form 1116)					
(See	44	General bush, credit, Check if from: a Form b Form	44			7	
Instructions	45	Credit for prior year minimum tax (attach Form 8801)	45	<i>*</i> .			
on page 18.)	46	Add lines 41 through 45. Enter the total				46	
	47	Subtract line 46 from line 40. Enter the result (if less than a	tero, enter zero))	47	4,148.
	48	Self-employment tax (attach Schedule SE)			•••••	48	3
Other	49	Alternative minimum tax (attach Form 6251)				49	
Taxes	50	Recapture taxes (see pg. 18). Check if from: a Form 42	:55 b∏:	Form 861	1	50	
	51	Social security tax on tip income not reported to employer	(attach Form 41	37)		51	-
(Including Advance EIC	52	Tax on an IRA or a qualified retirement plan (attach Form	5329)	• • • • • • •	• • • • • • •	52	21
Payments)						-	
							
Medicare	53	Add lines 47 through 52. Enter the total				53	
Premium	54 55	Supplemental Medicare premium (attach Form 8808)				54	
Payments	56	Add lines 53 and 54. This is your total tax and any supple Federal income tax withheld (if any is from Form(s) 1099, check!			116.	55	4,148.
rayinents	57	1989 estimated tax payments & amt. applied from 1988 ref		 ,	110.	-	
	58	Earned income credit		<u></u>		-	
Attach Forms	59	Amount paid with Form 4868 (extension request)				-	
W-2, W-2G	- 60	Excess social security tax and RRTA tax withheld				-	
and W-2P to front.	61	Credit for Federal tax on fuels (attach Form 4136)		, , , , , , , , , , , , , , , , , , , 		-	
	62	Regulated investment company credit (attach Form 2439)			/	7	
					· · · · · · · · · · · · · · · · · · ·	1	
<u>*** </u>	63	Add lines 56 through 62. These are your total payments .			Þ	63	
	64	If line 63 is larger than line 55, enter amount OVERPAID			≯	64	
Refund or	65	Amount of line 64 to be REFUNDED TO YOU			▶	65	
Amount	66	Amount of line 64 to be APPLIED TO YOUR 1990 EST. TA	× ► 66				
You Owe	67	If line 55 is larger than line 63, enter AMOUNT YOU OWE. Attach	check or money or	ier for full a	rwont		
		payable to "internal Revenue Service." Write your SSN, daytime phone		rm 1040° o	n It	67	
	68	Penalty for underpayment of estimated tax (see page 21)					
Sign	Unde they	r penalties of perjury, I declare that I have examined this return and acc are true, correct, and complete. Declaration of preparer (other than tax	companying schedul	es and stat	ements, and t	o the t	best of my knowledge and belief,
Here			,_,.,,	ï		· • • • • • • • • • • • • • • • • • • •	inco any ano wise go.
Кеер а сору		four signature	Date	Your occ	•		
of this return	Ι,			EX	ECUTIV	<u>/E</u>	· · · · · · · · · · · · · · · · · · ·
for your	•	Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's	s occupation		
records.)	Prepa	rer's)	-	 			
Paid	signa		Date	Check if			reparer's social security no.
Paid Preparer's	Firm's	name (or HADVEY D CITCY CDA		self-em;		4	110-40-2941
Use Only	yours	if self- lyed) and 106 DONNYRROOK ROAD		,	E.I. No.		
	addre	SCARSDALE, NY			ZIP code	522	
						, U .J	